

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

PREA AUDIT REPORT ☐ Interim ☒ Final

Date of report: July 22, 2016

Auditor Information			
Auditor name: Elisabeth M. Copeland			
Address: 714 SW Jackson, Suite 300, Topeka, Kansas 66603			
Email: Elisabeth.Copeland@doc.ks.gov			
Telephone number: 785-291-3074			
Date of facility visit: May 4 – 6, 2016			
Facility Information			
Facility name: Chillicothe Correctional Center			
Facility physical address: 3151 Litton Road, Chillicothe, MO 64601			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 660-646-4032			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Alana Boyles, Warden			
Number of staff assigned to the facility in the last 12 months: 548			
Designed facility capacity: 1636			
Current population of facility: 1529			
Facility security levels/inmate custody levels: C-1 through C-5			
Age range of the population: 19 - 79			
Name of PREA Compliance Manager: Darin Morgan		Title: Deputy Warden of Offender Management	
Email address: darin.morgan@doc.mo.gov		Telephone number: 660-646-4032	
Agency Information			
Name of agency: Missouri Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2729 Plaza Drive, Jefferson City, MO 65102			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 573-526-6607			
Agency Chief Executive Officer			
Name: George Lombardi		Title: Director	
Email address: George.Lombardi@doc.mo.gov		Telephone number: 573-526-6607	
Agency-Wide PREA Coordinator			
Name: Vevia Sturm		Title: PREA Coordinator	
Email address: Vevia.Sturm@doc.mo.gov		Telephone number: 573-522-1634	

AUDIT FINDINGS

NARRATIVE

PRE-AUDIT

A Notice of PREA Audit was sent to Chillicothe Correctional Center (CCC) on May 0, 2016 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on June 22 - 24, 2016. At this time this auditor requested that the pre-audit questionnaire (PAQ) be sent to me no later than June 8, 2016. It should be noted that this audit is being conducted as part of five-state circular audit consortium consisting of Nebraska, Kansas, Missouri, Kentucky and Louisiana. Ms. Sturm forwarded the Notice of PREA Audit to the Site Coordinator of CCC.

On June 2, 2016, this received a flash drive containing CCC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On June 20, 2016 a tentative agenda for the PREA audit was sent the Site Coordinator and the Assistant PREA Coordinator for MDOC. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The auditor was accompanied on the site visit by a member of the Kansas PREA team, Joni Foster-Webster. The team was greeted and given a history and the layout of the facility by Warden Alana Boyles and Deputy Warden (Site Coordinator) Darin Morgan as well as other Executive Team members. The agency Assistant PREA Coordinator Adam Albach was also in attendance throughout the audit process. After the initial meeting, a detailed tour was provided to the auditing team.

Warden Alana Boyles and Site Coordinator Darin Morgan lead the onsite tour. The tour began with the housing units, one which contains the Substance Abuse Treatment program. The auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. It was noted that emotional support service information was missing throughout the facility. In all living units, with the exception of the segregation unit, toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In the segregation and crisis level units, the auditor found that cross-gender viewing was occurring as the toilets were located in each cell and were clearly visible when security checks are being made. Since male staff work in these units, this situation was discussed with the administrative staff and the assistant statewide coordinator. After interviewing several inmates housed in the unit and male staff, it was determined that viewing of the toilets was only done as part of the security checks. Inmates stated they did not feel uncomfortable with male staff working the floor and they were always respectful of their privacy. They advised they knew when count was to occur and that they are not allowed to be use the toilet during this time as male staff may look in their cells to visually count the occupants. The showers were located in an area outside of the cells and behind curtains.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked. Camera placements were also viewed and views were checked in the kitchen and in the segregation/crisis level units. CCC has only female staff monitoring cameras and signs were posted in the dayrooms letting the women know that male staff may be working in their area.

Immediately after the tour, the Site Coordinator provided the auditing team with staff rosters from all three shifts and provided a list of specialized staff. The auditor then randomly selected three staff from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected five inmates from each unit for a total of 40 inmates to be interviewed. The auditor then assigned four housing units to Joni Foster-Webster to interview and the remaining four were to be done by the auditor. Three inmates refused to participate in the audit process.

CCC provided appropriate accommodations for the auditors to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The

Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at CCC was extremely helpful and polite throughout the entire process and escorted the audit team to each housing unit.

Auditors interviewed a total of 37 inmates that had various lengths of stay. The auditors interviewed a total of 27 staff to include the Warden, Site Coordinator, Investigator, Mental Health Staff, Human Resources staff, Intake Staff, as well as random staff from all three shifts and housing units.

Prior to the exit interview, the auditor reviewed onsite documentation and discussed results of interviews conducted by Joni Foster-Webster. We compared notes and reviewed standards. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On July 27, 2016 the PREA audit report was submitted to the PREA Resource Center and copies were sent to the Warden and Deputy Warden of CCC, as well as, the statewide PREA coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS

OVERVIEW:

The Chillicothe Correctional Center (CCC) is located in Chillicothe, Missouri and officially opened in December 2008. It was built to replace the old Chillicothe Correctional Facility which only housed 481 inmates and was built in 1887. CCC complex is campus-style and spans approximately 60 acres. It features six single-story and eight two-story structures. Inmate housing, which includes single-, double- and four-bed cell configurations, consists of four 256-bed general housing units, a 240-bed step down unit, a 76-bed segregation unit, a 96-bed mental health unit and a treatment unit. The campus plan support expanded substance abuse treatment, educational and vocational programming and reentry services. The site can accommodate an additional housing unit should the need for more beds arise in the future.

CCC receives offenders sentenced to the Missouri Department Corrections. After entering the Reception and Diagnostic Unit in Vandalia, Missouri they are then transferred to CCC. CCC also houses probation/parole returns as well as those offenders sentenced to treatment.

The current population at CCC is 1,529 adult female offenders. During the past 12 months 1,548 offenders have been admitted to this facility. Of this number, 1,541 admitted had a length of stay longer than thirty days. The age range of the current offender populations is 19 - 79 with custody levels being from minimum to maximum custody.

CCC has 548 employees who have contact with the offender population. This staff is responsible for the security of fifteen buildings, which include eight multiple occupancy housing units, six open bay/dorm housing units and a segregation unit. In addition to its 548 employees, CCC also has 348 volunteers and individual contractors who are currently authorized to enter the facility. There are 41 investigators across the State of Missouri with two investigators being housed at CCC.

As mentioned above, the current complex covers approximately 60 acres which is located within a secure perimeter. The facility has the official capacity to house 1,656 offenders.

CCC consists of the following major components:

1. INTAKE

When offenders are received at CCC they are photographed and assessed. Case management staff interview and evaluate the offenders, who are then subsequently assigned a custody level and housing based on the structure of their sentence, history, and individual needs.

2. GENERAL POPULATION

Once an offender is permanently assigned to CCC, she may be placed in a General Population Unit. The units are divided into four wings with two to four offenders assigned to each room. The wings are controlled by a central control unit. There is a dayroom with a television in each wing where the offenders are allowed to visit other offenders within their assigned wings.

Each wing has an upper and lower dayroom, three telephones, two laundry areas, a multi-purpose room that may be used as a quiet room, TV room or a classroom. Corrections Officers supervise the offenders and provide for the security and safety of the housing unit.

3. CLASSIFICATION

Each housing unit is supervised by a Functional Unit Manager (FUM) who supervised the staff and offenders in his/her housing unit. A clerical staff member assists the classification staff in each housing unit.

Each house has at least three Case Managers, some specialty units may have more. Classification staff maintains the offender's classification files to include filing documents and making appropriate chronological entries. They also complete regular Reclassification Analysis (RCA's) and update these as changes occur and process visiting applications.

Two Classification Assistants are assigned to the institution. CCA's are in part responsible for offender job assignments, room changes, custody relief during staff shortages, necessary data entry in offender classification files, notary services to offenders, and creating offender identification cards.

4. SUBSTANCE ABUSE TREATMENT

The Gateway Treatment Corporation is contracted to provide substance abuse treatment to CCC's population through group and individual therapy. The program provides substance abuse treatment services to both long-term and short-term Court and Board-ordered offenders.

The program requires 30 hours of services to clients each week which include re-entry, relapse, prevention, Living in Balance, Pathway to Change and others. One-hour, one-on-one, session is also provided monthly for program review purposes to evaluate offender progress.

Each offender is expected to take an active role in her treatment.

5. TRANSITIONAL HOUSING UNIT

Housing Unit Four is the "transition home" to offenders who are within six months of their release date. While in the Transitional Housing Unit (T.H.U.), each offender receives intense programming to assist with such areas as life skills, money management, and cognitive skills. During the last thirty days, a Pre-Release class addresses many issues a woman may face within a community. Plans are made with external sources to ensure continuity of care upon release.

The T.H.U. offers Pathway to Change, Anger Management and MOSOP has a class with Mental Health. Pre-release has resume writing, interviewing, social services, domestic violence, sex education, child support services, Parents as Teachers and Work Force Development.

6. MEDICAL

CCC has an onsite medical facility that provides most medical services with a 24 hour infirmary care. The Missouri Department of Corrections contracts with Corizon to provide medical care to the offender population. For CCC, medical services encompass Nursing, Doctors' Sick Call, Dental, Optometry, X-rays, and infirmary care. They are responsible for all medical requests the offenders need on a daily basis.

The medical unit is accredited by the National Commission on Correctional Health Care; however, it does not provide forensic sexual assault medical exams. All sexual assault medical exams are done at the Heartland Regional Hospital in St. Joseph, MO.

7. VOCATIONAL/EDUCATIONAL PROGRAMS

CCC offers a variety of programs. There is an onsite culinary program as well as a cosmetology program. Once inmates are released from the CCC, they can apply to be board certified in cosmetology.

8. PATCH PROGRAM

Parents and Their Children (PATCH) is an incentive level program that provides children and their mothers, incarcerated at Chillicothe Correctional Center, with services necessary to maintain contact and strengthen family relationships during periods of separation due to incarceration.

PATCH Provides...

- Required parent education classes to increase understanding and improve the parenting skills of offender mothers
- Supervised visits in PATCH visiting rooms reserved for one mother and her children
- Transportation for children who need rides to visit their mothers in prison
- Ongoing support and encouragement to help mothers improve interactions with their children

SUMMARY OF AUDIT FINDINGS

It's clear that CCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of CCC leadership as well as the knowledge the staff demonstrated of PREA. CCC leadership was quick to ask great questions when it came to the cross-gender viewing of the toilets in the segregation and crises level units. They were very open with the auditing team and wanted team's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. They were also very adamant that male staff do not conduct pat searches or strip searches of the women at the facility. While some stated they could not remember the PREA video in its entirety, they did remember the phrase "don't eat the chips." They did state that their case managers discussed PREA reporting with them. They reported that retaliation when making an allegation was not tolerated. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift and felt they had privacy when using the restroom, changing clothes and using the shower. They also reported to seeing the cross gender signs in the dayrooms. Several inmate interviews indicated that once a PREA allegation was made, the victim was immediately placed in segregation. The auditor reviewed five additional random files while on site which are maintained by the Site Coordinator and found that this was not the practice of CCC.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was also very cognizant of how to appropriately work with female offenders. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual. It is clear that there is a zero –tolerance culture at CCC.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was very open to any suggestions the auditors presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. CCC was found to be in compliance with all PREA standards and was determined to have exceeded two of them.

Number of standards exceeded: 2

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11(a) CCC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. (See D1-8.13 Offender Sexual Abuse and Harassment, Section III (A)(2), page 6: "The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation." In this same policy the agency outlines how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This outline can be found starting on page 6 and ends on page 27.

This same policy also includes specific definitions of offender-on-offender sexual abuse as well as offender-on-offender sexual harassment. Definitions in this policy also define staff-on-offender sexual abuse and staff-on-offender sexual harassment.

CCC also has an additional policy that addresses zero tolerance towards all forms of sexual abuse and sexual harassment. (See D1-8.6 Offender Physical Abuse, Section III (A)(3), page 3: "The department has zero tolerance for all forms of offender abuse and retaliation." In III (B)(1) page 3 it further states, "Failure to report that an offender has been abused is a class A misdemeanor."

In addition to this policy, IS19-1.1, "Conduct Rules and Sanctions," Section II (N) Rules of Conduct (7), page 3, defines Forcible Sexual Misconduct: 7.1 Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity. On page 9 of this same policy, it states, "The first 9 conduct violations rules (1-9.4) shall be considered major conduct violations. Major conduct violations shall normally result in more severe sanctions than other violations. Any conduct violations, under unusual or extreme conditions, may be considered a major violation if so recommended by the adjustment board and approved by the warden/designee."

The auditor also reviewed the employee handbook. On page 20, "Offender Abuse and Sexual Contact with an Offender," it states, "...A person commits the crime of offender abuse by knowingly injuring the physical well-being of an offender by beating, striking, wounding or by having sexual contact with an offender. Offender abuse is a class C felony, which carries a maximum sentence of incarceration of seven years." It goes on to state "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor."

During the interviews with offenders at CCC, the auditor asked, "Do you feel that staff takes reports of sexual abuse and sexual harassment seriously?" The response from the offenders ranged from a simple "yes" to "they take it almost too seriously." When asked to explain what they meant by "they take it almost too seriously," the inmates explained that once a report is made staff is quick to "snatch" up everyone involved. They stated they are removed from the housing unit and talked to by investigators."

Through the tour of the facility, the auditor noticed signage in every living unit, recreation areas, dining halls, education building that stated sexual abuse is not tolerated at CCC. Signage also included ways offenders could report such abuse.

115.11(b) Missouri Department of Corrections (MDOC) has designated an upper-level, agency wide PREA Coordinator. The position of the PREA Coordinator is listed in the MDOC's organizational chart and is under the department's General Counsel. In addition, CCC has also designated the Deputy Warden of Offender Management as the PREA compliance manager (Site Coordinator). This position is also listed in the facility's organizational chart dated June 4, 2016 and reports directly to the Warden of CCC. Both positions are required per policy D1-1.13, Offender Sexual Abuse and Harassment, Section III (A)(4) and (5), page 6.

The site coordinator (PREA Compliance Manager) states, "I feel like I have enough time to do my job. I update staff with revisions to PREA policy and every section head has PREA manual. I personally train PREA during our CORE week (annual training.)"

The statewide PREA coordinator has worked closely with the state's facilities in preparing them for their upcoming audits. The site coordinator states, "She is a great resource to get the answers I need."

During this interview, the site coordinator was able to walk this auditor through CCC's coordinated response and gave several examples of how this response has come into play at this facility.

115.11(c) N/A CCC only operates one facility.

Standard 115.12 Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12(a) N/A CCC does not contract with private agencies or other entities for the confinement of inmates.

115.12(b) N/A CCCC does not contract with private agencies or other entities for the confinement of inmates.

NOTE:

It should be that CCC's parent agency, Missouri Department of Corrections (MDOC) does contract with private agencies and other entities for the placement of inmates.

The requirement of the parent agency to require any new contract or contract renewals with private agencies or other entities the obligation of that party to adopt and comply with the PREA Standards.

This language can be found in MDOC's policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (9), page 7, states, "All residential contractors shall adopt and comply with PREA standards as outlined in their contract with the department..." The policy also states that Chief Administrative Officer or designee shall regularly audit residential contractors to ensure compliance with the PREA standards and the department may enter into contracts with an entity that fails to comply with PREA standards only in emergency circumstances.

CCC provided an example of what MDOC sends out in their request for proposals (RFP) for residential placement. On page 11 of the RFP, "The state agency has a zero tolerance for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact and consensual sex. Any contractor or contractor's employee or agent who witnesses sexual abuse or sexual harassment must immediately report it to the Chief Operating Office of the residential facility. A contractor or contractor's employee or agent who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be grounds for canceling the contract and may subject the contractor or contractor's employee or agent to criminal prosecution. Any contractor, contractor's employee or agent who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into the institution."

On page 12, the RFP also discusses PREA audit requirements, PREA reviews by MDOC, required staffing patterns as well as the requirements for specific PREA policies.

CCC provided examples of PREA audits that have been conducted at MDOC's contracted placements.

Standard 115.13 Supervision and monitoring

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13(a) MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (10)(11), page 7 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender populations, and the prevalence of substantiated and unsubstantiated offender sexual allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted."

In 2009, the MDOC Division of Adult Institutions established Correctional Officer staffing patterns for all facilities noting minimum staffing for all posts. The Division of Adult Institutions operates with an overall ratio of one officer to six offenders, (1:6). MDOC follows National Institute of Corrections suggested methods of calculating staff needs per post. The ratios of supervisory staff to corrections officer and other staff is as follows: One to seven (1:7) Sergeants to Corrections Office I and a one to three (1:3) Lieutenant to Sergeants.

In regards to checking compliance with the staffing plan the warden states, "I look at the daily roster and I also walk through the facility to verify staffing levels."

The site coordinator states, "Our overall staffing levels are determined by Central Office. At the facility the site coordinator states he stays in constant communication with the warden and the major regarding staffing levels. "We have a formal meeting every year to discuss staff levels and PREA events. We also look to see if additional cameras are needed and where they are needed." The site coordinator also reports there have been no judgments or legal findings made against the facility.

115.13(b) N/A CCC has had no circumstances where there were deviations from the staffing plan.

115.13(c) CCC provided a copy of a memo from Dave Dormire, Director of Division of Adult Institutions to the statewide PREA Coordinator with CCC's Chief of Custody being carbon copied. The memo, dated July 24, 2015, reads, "This is in response to the Division's compliance to PREA Standard – 115.13 Supervision and monitoring. In regard to our staffing, the division continually reviews our staff planning to provide adequate staffing levels and we currently have no significant changes. If any one of the below eleven components would change, it would trigger a review of our staffing plan. Thank you."

Policy D4-4.8, Security Camera Operations, page 5, states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional requirements equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring should be augmented to supplement supervision by staff in accordance with department procedures regarding serious incident reporting and debriefing."

Auditor reviewed meeting minutes dated December 21, 2015 for "Security Camera System Review." In the minutes the following can be found, "After completing review and referencing 2015 PREA allegations, additional cameras have been requested for placement in the following designated areas: six (6) maintenance, sixteen (16) garage, and twenty-one (21) mezzanine."

Auditor reviewed CCC's calendar year 2014 annual report. This report incorporates the review PREA cases, overview of the facility's handling of PREA cases (to include any corrective action the facility implemented), evaluation of monitoring systems as well as the staffing plan. The evaluation of camera and monitoring systems was completed on December 21, 2015 and the evaluation of the staff plan was completed on December 17, 2015.

115.13(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, page 6, states, "Each facility shall ensure the intermediate-level or higher supervisors conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds will be documented and readily accessible during audits as outlines in the facilities standard operating procedure."

CCC also provided copies of post orders for shift commander, lieutenant assistant shift commander, zone 1 lieutenant, administrative segregation lieutenant and central services lieutenant. All post orders include the following statement, "Unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility. You will record each round on the staff sign in form on each unit."

Auditor reviewed the post order for Housing Unit Officers. This post order includes the following statement, “Staff are prohibited from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to a legitimate operational functions of the facility.”

Auditor reviewed nine Shift Summary reports from various shifts during a three day period in February 2016. These reports document any significant events, changes in housing assignments, incidents of use of force, any special security orders, if staff overtime occurred as well as unannounced rounds completed by captains and lieutenants.

During the tour of CCC, the auditor stopped and talked to random staff in the housing units. At least one staff member from every housing unit was asked if supervisors conducted unannounced rounds. The overwhelming response from staff was “yes.” They stated that management “is always walking around.” The overall impression from staff is that management is approachable and they do not worry “when one comes on to the unit.” This was also apparent during the tour as staff and inmates alike approached the warden to say “hi.”

The auditor also interviewed an Assistant Shift Supervisor (Captain) in regards to unannounced rounds. He states, “I am constantly making rounds. I try to be somewhere every day at the institution. I document all unannounced rounds on the supervisor’s checklist.” When asked how they prevent staff from alerting other staff he replied, “This is in the post orders. If they are caught notifying other staff an entry is made into their appraisal file.”

Standard 115.14 Youthful inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.14(a)(b)(c) CCC does not house youthful offenders.

NOTE:

MDOC Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III, (C)(4), page 11 states, “A youthful offender shall not be placed in a housing unit which he shall have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters...”

This is also required by Missouri law: Chapter 217, Department of Corrections, Section 217.345, dated August 28, 2013

Standard 115.15 Limits to cross-gender viewing and searches

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.15(a) CCC is a female only facility and does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past twelve months there has been no cross-gender strip or cross-gender visual body cavity searches of inmates.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) (7), page 12 – 13 states, “Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services procedure...Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks...Staff of the opposite gender shall announce their presence prior to entering an offender housing unit...Announcements shall be recorded...If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff shall verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff...”

Policy IS20-1.3, “Searches”, page 8, states, “To the extent possible, strip searches will be conducted in an area to allow privacy to the offender. Strip searches will be conducted by staff members of the same gender, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence, escape of an offender, endangerment of life, health or property of staff members, offenders, or the public, emergency movement situations (i.e., crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons.” Page 3 of this policy states, “Female offenders will be strip searched by female custody officers.”

In the past 12 months there have been no cross-gender strip searches or cross-gender visual body cavity search. The facility did provide an example of the log that would be used if this would occur.

115.15(b) N/A This is CCC’s initial PREA Audit.

116.15(c) Policy IS20-1.3, “Searches,” also states, “Staff members will document a cross gender strip search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with standard operating procedures and forward the cross gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinator will maintain the cross gender search form and supporting documentation as deem appropriate.”

This same policy also states, “Cross gender thorough pat searches of female offenders will only occur during exigent circumstances. These cross gender thorough pat searches will be immediately reported to the shift supervisor and the searching staff member will document the search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with SOP and forward the cross gender search form to the Prison Rape Elimination Act (PREA) site coordinator. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinate will maintain the cross gender search form and supporting documents for tracking purposes. At the diagnostic center, if the gender of the offenders is unknown, a female staff member will be assigned to perform the thorough pat search.”

Staff was emphatic that no cross gender pat or strip searches are allowed at this facility except in the instance of exigent circumstances. All female inmates interviewed stated they have never had a male staff member pat or strip search them. They each verified that this was not allowed as there was plenty of female staff at the facility.

CCC reported they had one cross-gender pat search that was conducted due to exigent circumstances in the past 12 months. A memo was written to the shift supervisor on April 10, 2015 from a male officer stating he conducted a pat search looking for weapons after a physical altercation occurred between two female inmates on the yard. The memo stated that pepper spray had been used to subdue both women. Upon cuffing one of the offenders, the male officer noted blood, a dented can of Pepsi and a broken insulated cup. Based on the possibly the offender might have a weapon, he conducted a pat search. On this same date, the shift supervisor sent a memo to the site coordinator reporting the cross-gender pat down and that he concurred with the officer that this was an exigent circumstance. This incident was also logged on April 10, 2015 on the “Cross Gender Frisk/Strip Search” form.

115.15(d) Policy D4-4.8 Security Camera Operations, Section III (B), page 4 states “As authorized by the CAO, stationary security cameras should be positioned where placement will enhance security operations as to view live monitoring of visual images in areas where offenders may be located...Security cameras may be placed in restroom/shower areas when barriers or camera positioning prevents the capture of images of genitals, buttocks, or female breasts.” On page 5 of this same policy it states, “The CAO will designate authorized staff to review visual images at the original source as it relates to their assigned job duties as outlined in standard operating procedures. Access to visual images and recordings should be limited in order to maintain integrity and security. Custody posts designated for the specific purpose of viewing offender confinement within living environments where use of restroom, showers, strip cells, etc., occur shall be designated as same gender posts with the approval from the appropriate deputy division director.”

CCC has also implemented additional policies that allow inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their genitals. IS & SOP version of 6-1.3 Offender Personal Appearance and Grooming, Section III (A)(1) states, "Offenders must be dressed at all times as nudity is not permitted at any time other than when taking a shower or to address hygienic and bodily functions. Offenders should use privacy barriers provided when using the restroom and when changing clothes."

During the tour of the facility, auditor observed the PREA barriers in the transitional care units, reception unit, visiting and segregation. The auditor reviewed a memo dated April 8, 2016 from the Deputy Warden of Offend Management (Site Coordinator) to all Section Heads and CCC custody staff. It states, "When assigned to an area that requires strip searching a female offender, be certain that privacy barriers are utilized at all times. This includes the transitional care unit, reception unit, visiting and segregation. Any other areas where such a search may occur, magnetic window covering is to be utilized to cover the window assuring privacy. As always, per policy IS 6 -1.3, offenders are to utilize the privacy barriers when changing clothes."

All showers and toilet areas, with the exception of Housing Unit 1 (Segregation Unit) are single person areas covered with appropriate curtains and or swinging doors. Many of the shower area had double curtain coverage. Both staff and inmates stated that changing of clothes can occur behind the first curtain and showers will occur behind the second curtain.

In the segregation unit located in Housing Unit 1, each cell had a toilet in open view when staff members physically looked through the cell window. This was a concern to the auditor as no privacy barriers were available in the cells. In discussing this with the facility administration and the Assistant PREA Coordinator, their stance was any viewing by male staff was "incidental to routine cell checks" which is allowed by standards. It should be noted this the same set up as other female facility in Missouri. As with the other audit conducted at the other facility, this auditor had her partner go into an empty cell and stand in front of the toilet while I stood outside the cell. The toilet could not be viewed while walking by the cell. The only time the auditor could see the toilet in its entirety is when I had my face to the window and looked into the cell and to the left.

After interviewing inmates and staff assigned to these units, the following was learned:

- Count time is the only time male staff would be on the wing and looking into the cells
- Inmates stated they know when count is going to be conducted make sure they are not allowed to use the toilet at that time.
- Each female inmate interviewed in this housing unit stated even though the toilet was in the open they felt they had privacy to use it; and if they were using the toilet when male staff was walking down the hall, the staff member did not linger in the window and stare at them

It should be noted this facility had 98 PREA allegations received in the past twelve months. Only one of the allegations received was from Housing Unit 1 and it involved a female staff member. The investigation into this even was determined to be unfounded.

The showers in the segregation and crises level units located in Housing Unit 1 consist of a single stall located outside the cells. This stall had adequate covering for privacy including shower curtains that blocked the view from staff. For showers, each inmate is escorted from her cell to the shower and she showers alone.

After interviewing administration, staff and inmates in this housing unit, the auditor found this situation not to be a compliance issue.

RECOMMENDATION: If a substantiated PREA case does occur in this housing unit, it is recommended that this facility consider making this unit a gender specific post. This would eliminate any question regarding cross-gender viewing and allow for more direct cell checks.

Auditor reviewed random housing logs from three housing units and all shifts and verified that each log contained a cross gender announcement. Examples of cross gender documentation included the following language, "...PREA announcement made by COI..." or "COI...makes PREA announcement (There will be male and female staff on duty tonight, mind that all your privacy barriers are in place.)"

This auditor also reviewed post orders from CCC. The post orders include this statement, "At the beginning of every shift, you will announce MALE STAFF WORKING IN OR VIEWING YOUR LIVING AREAS. YOU ARE TO UTILIZE PRIVACY BARRIERS WHEN NECESSARY. This announcement and the time it was made will be logged in the chronological log."

Auditor reviewed a memo dated February 18, 2016 addressed to all wardens in Missouri from Dave Domire, Director, Division of Adult Institutions. The subject of this memo was "PREA Announcement – Revision." The memo reads, "When a cross gender staff member is assigned to the living quarters for the duration of the shift, the cross gender announcement shall be made at the beginning of the shift. If no cross gender staff members are assigned to a living quarters, an announcement shall be made every time a cross gender staff member enters the area. All announcements must be logged on the chronological log by the person making the announcement." This memo further reads, "If a circumstance arises to where a cross gender announcement could comprise the safety, security, and good order of the facility, then the

shift supervisor may declare the circumstance to be exigent and grant the authority to wave the announcement. All exigent circumstances shall be documented by the shift supervisor. When immediate assistance is needed such as a 10-49 or a 10-5, prior approval is not necessary from the shift supervisor...To notify hearing impaired offenders of cross gender staff in the housing unit; all housing units should display a sign indicating when a cross gender staff member is present.”

CCC provided a copy of a memo dated April 8, 2016 from the PREA site coordinator to all staff notifying all staff of the revision to the cross gender announcements effective February 18, 2016.

Control centers in the segregation unit and the crises level units are monitored by female staff only. Any camera that was positioned to a single cell had the toilet areas blocked from viewing.

115.15(e) The facility has a policy prohibiting staff from searching or physically examining transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. The policy SOP D1-8.13, Offender Sexual Abuse and Harassment, Section III, (C) (7c) states, “Staff members shall not perform strip – or pat-down searches or conduct physical examination for the sole purpose of determining an offender’s genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center.”

This is also prohibited in policy IS & SOP 11-34.1 Health Assessment and/or Physical Examination at Reception, page 5 and in IS & SOP 20-1.3 Searches, page 16. This policy reads, “The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning the information as part of a broader medical examination conducted in private by the responsible physician.”

Currently CCC has no transgender or intersex offenders housed at the facility. In interviewing, both male and female staff stated male staff members were not allowed to pat search female inmates. Staff also stated they were not allowed to pat search an inmate to determine their genitalia. Intake staff stated if there was a question on the genital status of an inmate, medical would conduct the physical search.

Also in policy IS & SOP 20-1.3 Searches, page 17, it reads, “Gender Unknown Through Pat Search: At the diagnostic center, if the gender of the offender is unknown, a female staff will be assigned to perform the pat search.” On page 17 it also reads, “Transgender or Intersex Thorough Pat Search: When thorough pat searching a transgender or intersex male offender’s upper torso, male staff member will utilize the female offender search technique.”

115.15(f) Training requirements for cross-gender pat down searches of transgender and intersex offenders can also be found in SOP D1-8.13 Offender Sexual Abuse and Harassment, page 13. This policy states, “Staff members shall be trained in how to conduct cross-gender pat-down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs.”

Auditor reviewed MDOC statewide lesson plan titled Institutional Searches dated May 2014. Instructions from cross-gender searches can be found on pages 13-14; the lesson plan reads, “As stated before, pat searches are preferable if conducted by same gender staff, but that is not always practical and a cross-gender search must be conducted. The cross gender search is comparable to a same gender pat search but when performed the officer will utilize the back of the hand to search the following areas: 1) chest or breast area, 2) sides, 3) armpits, 4) lower abdomen, and 5) buttocks. Please note a male officer search a female offender will only occur during an exigent circumstance. Policy IS20-1.3 states that an exigent circumstance is any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.” At this point of the lesson plan, participants watch two training videos: “Thorough Female on Male” (7:40 minutes) and “Thorough Male on Female” (7:58 minutes).

Transcript for the Thorough Male on Female Pat Searches can be found on pages 16-17; the lesson plan reads, “Have the offender face you and have them open their mouth while examine it for contraband. Have the offender show you the front and back of their hands. Have the offender remove any loose braids or bunched hair and have the offender lean forward, as they run their hands/fingers through their hair for visual inspection. If the offender does not provide you with an acceptable inspection you may, with the use of protective gloves, search the offender’s hair. Have the offender show you the front and backs of their hands again; this will help prevent the movement of contraband between these areas. Have the offender turn around and approach the offender from behind, positioning yourself in a defensive stance at approximately 45 degrees angle. Instruct the offender to place their feet shoulder width or wider apart. Before you begin your search you must also remember to keep a visual on the offender and be mindful of your safety. Whenever searching an offender, no matter the gender, it is important to always be in a defensive stance and keep one hand placed on the back, shoulder or lower back of the offender. By keeping your hand on the offender you have a quicker reaction time to any sudden movements and the possibility of the offender becoming violent. Begin your search at the collar sliding the hand over the material. Using the palm of the hand, search the shoulder area and proceed along the top of the arm to the end of the shirt sleeve. Upon reaching the end of the sleeve use the back of the hand to search the underside of the arm. Slide the back of the hand along the under arm to the armpit. Using the back of the hand, slide it down to the offender’s waist. From the armpit, use the back of your hand and search down the offender’s side to the waistband. At the waistband, rotate the hand while

simultaneously sliding it along the offender's waistband until the fingers come to rest in the center of the back just above the waistband."

Transcript for the Thorough Female on Male Pat Search can be found on pages 14 -16 and the Transcript for Transgender, Intersex or Gender Unknown Searches can be found on pages 20 -21 of the curriculum. The lesson plan reads, "Another unique search is a search involving a transgender, intersex or gender unknown offender. PREA requires the Missouri have a standard in place for pat search of transgendered and intersex offenders. Policy IS20-1.3 states that when pat searching a transgender male offender, male staff will utilize the female search technique when searching the offender's upper torso. If the gender of the offender is unknown, a female staff member will be assigned to perform the pat search."

CCC provided training records showing that 424 participants were trained in this curriculum from January 1, 2014– December 31, 2015.

Staff interviewed remembered watching videos during training on pat searches and reiterated that male staff were not allowed to pat search female inmates.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC has established procedures to provide disabled inmates and inmates with limited English proficiency equal opportunities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.16(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) 6, pages 10 - 11 state "The department shall provide PREA related education in formats accessible to all offenders including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If the documents are unable to be translated as a recognized language the departments PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment."

CCC provided examples of PREA Brochures and Acknowledgement Forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese, Traditional Chinese, Large Print and Braille. PREA posters were in English and Spanish.

Transcripts of the video, "Speaking Up," from the National Institute of Corrections are available for the hearing impaired. They are available in English and Spanish.

Policy D5-5.1, "Offenders who are deaf or hard of hearing shall have access to teletypewriters and/or free access to roll free numbers for telephone relay systems." This policy also reads, "The functional unit manager/caseworker shall take appropriate steps to ensure that all employees having contact with an offender who deaf and hard of hearing are made aware of the person's need for effective communication and how to achieve it."

PREA posters were located throughout the facility in English and Spanish.

CCC currently has seven staff members that can interpret French, Japanese, Portuguese, Philippine, and Spanish. These staff members have agreed to act as interpreters if needed by the facility.

Auditor reviewed the following contracts: Sign Language Interpretive Services (3/31/2015), Language Interpreter – Verbal (6/30/2015),

Written Language Translation Services (4/30/2017), and Telephone Based Interpretive Services (6/30/2015).

Random staff interviews indicated that staff was aware of other staff member that could be used as interpreters. The overall consensus on using offenders as interpreters can be summed up by this quote, "Only if the safety and security of the facility was a factor."

On the day of the onsite portion of the audit there were no inmates with limited English proficiency or were hearing or visually impaired housed at CCC.

It should also be noted that as part of all institutional basic training, staff receive a two hour course on special needs offenders. This course focuses on comparing and contrasting individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff will assess potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

115.16(c) Policy D5-5.1, Deaf and Hard of Hearing Offenders, reads, "The deaf or hard of hearing offender shall be offered the assistance of qualified interpreters and have other auxiliary aids expressed to them during the diagnostic process. The methods for requesting accommodations or modifications shall be reviewed with the offender. Deaf or hard of hearing offenders shall be advised of the request for reasonable accommodation from and how to obtain it. The waiver of certified and licensed interpreter will be reviewed with the offender. Medical staff shall complete the medical verification section of the request for reasonable accommodation form and consult with the caseworker and the Americans with Disabilities Act site coordinator to determine the appropriate accommodations for the offender."

The policy defines a qualified interpreter as a person certified and licensed by the Missouri Interpreter Certification System or deemed competent by the Missouri Commission for the Deaf. This policy does allow for inmates to obtain this certification. "The offender interpreters shall be educated and shall agree to keep all matters and information learned while performing interpretive services confidential. During medical and mental health evaluations, communication between patient and medical personnel is critical to the effectiveness of treatment, safety and security of the offender. Due the need to maintain confidence in medical and mental health evaluations, offenders will not normally act as sign language interpreters. As determined by attending medical staff, in cases of emergency where failure to communication would result in serious injury, illness or death, offender interpreters will be permitted."

When addressing counseling hearings the policy reads, "When either the offender or counselor seeks to discuss information that is confidential in nature, the offender may choose whether or not to use an offender interpreter."

The policy continues to read, "Qualified interpreters shall be made available for offenders who are deaf or hard of hearing and use sign language under the following circumstances...formal investigations conducted by the department staff to include PREA related claims..." In addition, it reads, "Staff shall work with the deaf and hard of hearing offender to determine the best means of communication that will be most effective in gathering accurate information."

It should also be noted that listed in the CCC's Coordinated Response is the following statement, "If an offender interpreter is utilized during this exigent circumstance, the shift commander will note such on the Notification Checklist. NOTE: No inmate interpreters have been used in this type of circumstance."

Auditor reviewed a memo dated April 15, 2016 from CCC's Site Coordinator to Shift Supervisors and Duty Officers. The subject of the memo was "Language Interpreter Services." The memo states, "In adhering to PREA protocol regarding the need for interpreter services, I am providing the following guidelines should the need arise: 1) initially the attached staff list indicating the language interpreter should be utilized. CCC staff should be utilized first. If no CC staff is available, please refer to those at other facilities that may be able to provide the service. This would be done by the shift supervisor contacting the other facility to see if the interpreting staff member is available; 2) secondly, if you are unable to provide the service via a departmental staff member, please refer to the attached contracted services provider listing. If doing so, please utilize the most cost effective service listed. Please note that in some cases, 1a 24 hour or emergency service may be needed. Please note offender interpreter services may only be utilized in exigent circumstances. In such a case, the PREA Site Coordinator or Warden needs to approve. If any of these services are utilized, the information needs to be notated on the Shift Supervisor/Control Center Daily Roster Memorandum."

Standard 115.17 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC has several policies in place that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor, volunteer, or intern who has engaged in sexual abuse of an inmate.

115.17(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B), pages 7 – 8 states, “Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he has engaged in sexual abuse with an offender...”

CCC provided a copy of an email from the State HR Director dated 12/1/2014 to all facility Human Resources divisions outlining ineligibility of applicants with substantiated allegations or resigned during an investigation.

Another email from MDOC administration dated 5/16/2015 was to all contractors advising them that if a potential applicant has a substantiated case or resigned during an investigation for such, they are ineligible to be inside MDOC facilities.

Prior to conducting an interview with facility's human resources director, a random selection five employee files was conduct to determine whether a criminal background check was conducted. In all five files, the audit team was able to find documentation that criminal background checks were conducted. In addition, the auditor reviewed five background checks on new hires and three background checks on current staff that were being considered for promotion.

During the human resources director's interview, she stated the facility asks all applicants/employees about any previous misconduct. She advised this question is on all applications. NOTE: A blank copy of the application for employment for WERDCC was provided to the audit team. The audit team was able to locate these three questions:

- While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?
- Have you pled guilty to or been found guilty of engaging in sexual activity or attempting sexual activity involving force or inflicted upon a person unable to give consent?
- Have you been found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes actions taken upon a professional license or a professional registry and any internal administrative investigation results.

115.17(b) Policy D1-8.13 Offender Sexual Abuse and Harassment further states, “Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor...”

The human resource director indicated that questions asking if applicants have ever worked in a facility governed by PREA include questions on sexual harassment. If they indicate “yes” on the application, it is investigated.

On the copy of the blank application (appendix 1) given to the audit team it reads, “Effective August 2013, the Department of Corrections must be compliance with final standards implementing the Prison Rape Elimination Act (PREA), issued by the U. S. Department of Justice. The following questions are being asked of all applicants who may have contact with offenders as part of their regular job or volunteer duties.” (The questions listed are sited under documentation for 115.17(a).)

115.17(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, “Before hiring new employees the human resources staff members or designee shall perform a criminal background records check and contact all prior institutional employers when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse...”

The following hiring policies also have a PREA component: D2-2.1, Selection Procedure – Merit Appointments, page 8; D2-2.2 Background Investigations, pages 2, 4, 5; D2-2.8 Promotional Appointment, page 3; D2-2.10 Re-Employment Appointment, page 3; D2-13.1 Volunteers, page 6; D2-13.2 Student Interns, page 4. Each of these policies has the following statement, “A background investigation shall be conducted in accordance with the department procedure regarding background investigations.”

The human resource director at CCC states that criminal background checks are done for all newly hired and returning employees.

115.17(d) D2-2.2, Background Investigations, defines a staff person as any person who is employed by the department on a classified or
PREA Audit Report

unclassified basis (permanent, temporary, part-time, hourly, per diem) and are paid by the State of Missouri's payroll system; contracted to perform services on a recurring basis within a department facility (such as medical services, mental health services, education services, vocational services, substance abuse services, etc.) pursuant to a contractual agreement and has been issued a permanent department identification card; a volunteer in corrections; a student intern; or issued a permanent departmental identification or special access card or special access in accordance with department procedure regarding staff identification."

A memo dated 4/24/2015 to the HSH of Corizon Health was reviewed by the audit team. This memo advised Corizon Health to run a background check on all applicants before setting up an interview.

The facility's director of human resources reported background checks are done for newly hired and returning employees, contractors. She states the facility uses the Highway Patrol's System as well as MULES to conduct criminal record checks. She also states that employees have a duty to report any arrests. When it comes to reporting information on former employees who apply to work at other institutions, she states, "This is done through Central Office. They can look in the COIN system to see if this information exists."

115.17(e) D2-11.14 Annual Employment Requirements reads, "Each calendar year, in the month following each staff member's birth month, specific employment requirements verifications should be conducted; a criminal history check shall be conducted to include outstanding warrants..." The policy goes on to read, "Criminal history checks will be conducted and will consist of a query through the Missouri Uniform Law Enforcement System (MULES), and the National Criminal Information Center (NCIC) system. Staff members conducting the Missouri Uniform Law Enforcement System and National Criminal Information Center checks will document the name and title of the requestor and the reason for the request on the criminal history record log/printout. When adverse findings are not, the CAO will be notified and copied on the criminal history printout."

Policy D2-2.2 Background Investigations reads, "A check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for substantiated allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is considered for other appointments."

Auditor pulled the month of November 2015 and found that 44 employees with birthdates in November had a criminal history background check ran through MULES and NCIC.

In the month of March 2016, 19 members of various work release crews through the City of Chillicothe and MDOT had background checks ran through MULES.

115.17(f) The auditor also reviewed the employee handbook. On page 18, "Employee Conduct – Reporting Criminal Misconduct (Arrest)" states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation."

The human resource director stated that it specifically listed on their applications that all arrests are to be reported to the facility.

115.17(g) On page 45 of the employee handbook, "Employee Discipline," it states, "Appointing authorities of the Department are authorized by state law to discipline employees. Disciplinary action may consist of a written reprimand, suspension, demotion, or dismissal. The appointing authority may discipline an employee based upon unsatisfactory performance of job duties or misconduct...In addition to these actions while on duty, an appointing authority may discipline an employee for off duty misconduct, especially misconduct that is unprofessional or criminal. Employees who have been charged with a criminal offense may be suspended while the charge is pending."

115.17(h) Policy D2-5.1 "Maintenance of Employee Records", page 7, Section (III)(K)(3) states, "A verification of information, other than public information, will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of an offender or resident during employment by the department. Such information will be obtained by contracting central office human resources."

Standard 115.18 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a) N/A CCC has not acquired a new facility or made a substantial expansion to the existing facility since August 20, 2012. This is WERDCC's first PREA audit.

115.18(b) CCC has installed and updated their video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. This is WERDCC's first PREA audit.

PREA Annual Report Protocol "At least once a year, the facility must evaluate their need for additional cameras and monitoring systems."

Auditor reviewed the Security Camera System Review memo dated December 21, 2015, it states: "...After completing review and referencing 2015 PREA allegations, additional cameras have been requested for placement in the following designated areas: six (6) maintenance, sixteen (16) garage, twenty-one (21) mezzanine." This memo was issued from the Warden to the Deputy Warden of Offender Management and the Major.

Policy SOPD4-4.8 "Security Camera Operations," Section C "Assessment" page 5, states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment monitoring should be augmented to supplement supervision by staff in accordance with department procedure regarding serious incident reporting and debriefing."

The warden states, "We always consider safety measures for inmates and staff."

While touring the CCC it was noted that the facility had excellent camera coverage. Camera placement along with direct supervision of the staff reduced blind spots and enhanced the safety of the offenders housed at this facility.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Investigations conducted at CCC follow a uniform evidence protocol. This protocol is also developmentally appropriate for youth.

Forensic medical exams are offered without financial cost to victims. All exams, where possible, are conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners. If they are not available qualified medical professionals conduct the exams.

Qualified Staff trained as victim advocates are made available to all victims.

115.21(a) Auditor reviewed CCC's "Evidence Procedure Manual." Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations." The State PREA Coordinator reports, "We didn't use a specific source; we follow the national standards based on training received."

Corizon Health is responsible for providing all medical and mental health services to offenders placed in the custody of MDCO. They are responsible for conducting initial medical exams on all sexual abuse cases. Auditor reviewed the contractual requirements MDOC has with Corizon. On pages 42 and 43 of the contractual requirements, it reads “Corizon will comply with the Prison Rape Elimination Act of 2012 and will follow and enforce the MDOC’s D1-8.14 Offender Sexual Abuse and Harassment policy with the assurance that access to medical and behavioral health care will be provided immediately, upon report or discovery, to victims of sexual misconduct. Corizon’s medical and behavioral health care staff will contribute to a coordinated response to all allegations of sexual abuse by relaying, to the designated MDOC administrative staff, information pertinent to the well-being of the offender(s) of for investigative purposes. Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers. Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center.”

During the interviews of random staff all stated they would secure and separate the offenders. They explained they would not allow anyone to shower, get a drink or change clothes. They stated they would secure the scene and notify their supervisor. While some of the staff was not sure who was responsible for conducting the sexual abuse investigations, they all knew their role in preserving evidence.

115.21(b) Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the “A National Protocol for Sexual Assault Medical Forensic Examinations.” The State PREA Coordinator reports, “We didn’t use a specific source; we follow the national standards based on training received.” The State Coordinator also reports this protocol is appropriate for youth.

115.21(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (G) Health Services Care, pages 17 – 20, states “Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks or vulva, of any kind, however, slight, by hand finger, object instrument or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation, hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam.”

CDCC has a contract with Heartland Regional Medical Center in St. Joseph, Missouri to conduct all SANE/SAFE’s In the past 12 months, no exams have been performed.

Auditor reviewed a letter from Heartland Regional Medical Center dated August 26, 2014. It states, “...The Sexual Assault Forensic Examination (SAFE) and/or Sexual Assault Nurse Examination (SANE) are conducted by specialty trained nurses with the Emergency Department. The SANE nurses conducting the exam have attended a forty hour SANE course, which followed the educational requirements that are set forth by the governing body of the International Association of Forensic Nurses (IAFN). Only those nurse that have this required SANE training are the nurses that will conduct the sexual assault nurse examinations on any patient that was a victim of a sexual assault, including those patients coming from department of corrections entities...”

115.21(d)(e) In addition, policy D1-8.13, “Offender Sexual Abuse and Harassment,” Section III (K) page 20, addresses Advocacy. It states, “Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention and be available during the investigative process. Each facility shall attempt to enter into a memorandum of understanding with a rape crisis center to provide advocacy services in accordance with the department’s procedure regarding professional and general services contracts. If a facility is unable to enter into a memorandum of understanding with the advocacy center, the attempt shall be documented and advocacy services shall be sought from a community based organization qualified to provide such services. When the facility cannot successfully enter into a memorandum of understanding with an outside community service provider for offender victim advocacy services, a qualified staff victim advocate shall be provided. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services.”

CCC has attempted to contract with a local community advocate, Green Hills Women’s Shelter. Auditor reviewed an email dated December

4, 2013 from Green Hills which states, “Green Hills Women’s Shelter will not be able to partner with DOC regarding PREA. As discussed, Green Hills Women’s Shelter Program has limited staffing capacity and financial resources. If PREA funding becomes available please feel free to contact our program and we will be glad to meet with you and re-discuss.” Due to CCC being unable to form collaborative partnership with this community provider, Chaplains at the facility have been trained by the Missouri Coalition against Domestic and Sexual Violence to be qualified staff advocates. (Auditor reviewed curriculum used to train Chaplains.) Facility also has established a PREA Advocate Availability Rotation Schedule.

During the tour of CCC information about outside emotional support services, such as Just Detention International, was posted throughout the facility.

While this auditor interviewed several inmates that reported sexual abuse, only one was willing to talk about her experience. She reported that she was not aware that she could have access to an advocate. She states that no one from the facility came and spoke with her.

RECOMMENDATIONS: It is recommended that offenders are re-educated about emotional support services available at the facility. One way this can be done is during meetings between offenders and their case managers. Case managers can have this information readily available in their offices if they receive a report that sexual abuse has occurred.

The audit did review three “Consent for Facility Advocacy Services.” All three forms were signed by inmates and witnessed by staff showing they were requesting advocacy services through the facility.

115.21(f) The Inspector General’s Office conducts all criminal investigations for the MDOC. Each facility has investigators assigned to them. CCC currently has two investigators. CCC is responsible for administrative investigations.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency ensures that administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred to the Inspector General for review. They determine if a criminal investigation is to be opened. If they do not open a criminal investigation, the warden then refers the case for administrative investigation.

115.22(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Investigations, page 20-21, states, “The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department’s intranet website...”

See also policy D1-8.4 Administrative Inquiries, page 6, reads “The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department’s procedure regarding offender sexual abuse and harassment...Allegations of category II or III behaviors will be processed in accordance with the department procedure regarding the investigation unit responsibilities and actions. Allegations of offender abuse related to pat searches will be handled in accordance with the PREA coordinated response protocol. The office of inspector general may conduct investigations associated with pat searches depending on the nature of the allegation.”

During the past twelve months, CCC received a total of 98 allegations of sexual abuse and sexual harassment. Of these cases 57 resulted in administrative investigations and 41 were referred for criminal investigations.

115.22(b) Policy D1-8.1 Investigation Unit Responsibilities and Actions define offenders’ sexual harassment by a staff member and staff member sexual misconduct. On page 7 of this policy it reads, “The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment. If the department

receives notification from another agency that an offender alleges to be a victim of sexual abuse or harassment while incarcerated in the department, an investigation or inquiry may be conducted in accordance with investigation unit responsibilities and actions or administrative inquiries procedures.”

115.22(c) Policy D1-8.13 Offender Sexual Abuse and Harassment can be found on MDOC website at <http://doc.mo.gov/OD/PREA/php>

Standard 115.31 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC trains all employees who have contact with inmates on the 10 elements identified in this standard.

115.31(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. “All staff members shall receive initial PREA training during the department’s basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency’s current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department’s PREA coordinator shall provide current information on sexual abuse and sexual harassment policies. Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training.”

Auditor reviewed the following curriculum: Basic Training, dated November 2013; and PREA 2014 Refresher Training. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

All staff interviewed during this audit was able to describe major portions of the training they received on PREA.

115.31(b) Policy D1-8.13 Offender Sexual Abuse and Harassment also reads, “All new staff member who shall be placed at a female facility will receive Working with the Female Offender training prior to being placed on post. A staff member shall receive additional training if they are reassigned from a facility that houses only male offender to a facility that houses only female offenders. A staff member shall receive additional training if they are from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional training occurred more than two years prior to the time of assignment.”

Auditor reviewed “Working with the Female Offender” curriculum. This four hour course covers the following topics: 1) the needs of the female offender and the impact upon corrections, 2) differences between male and female offender behaviors in the corrections sub-culture, and 3) maintaining professional boundaries between staff members and the female offender. Auditor reviewed the training roster for this course. From January 2014 – March 2016, 536 CCC employees and contractors have been trained in this curriculum. The auditor also reviewed five random training records and found all five had signed acknowledgements by staff.

Policy D2-2.13 Transfer of Employees (E), page 6, covers training requirements for staff that transfer between facilities.

115.31(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (B) (4) reads, “All staff members shall complete refresher training every two years to ensure knowledge of the agency’s current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department’s PREA coordinator shall provide current information on sexual abuse and sexual harassment policies.” From January 2012 to December 2013, 440 CCC employees and contractors have received the PREA Refresher Training. From January 2015 to March 2016, 507 CCC employees and contractors have received the PREA Refresher Training.

Auditor was also advised, “The department utilizes several avenues to ensure staff are kept informed about sexual abuse policies and practices between trainings. The department’s policy and procedure unit is responsible for forwarding all new and revised policies to all

staff. MDOC ensures the PREA intranet page is kept up to date. This page is readily available to all staff and contains all things PREA.” (Auditor was provided an example of what this page looks like.)

115.31(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, “All completed PREA trainings shall require a PREA Acknowledgement form or PREA basic training acknowledgement form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgement form to the central office human resources personnel for retaining in the employee’s personnel file...”

Auditor reviewed training records of random staff found signed acknowledgments in each file.

Standard 115.32 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

115.32(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, “Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training.”

Auditor reviewed the following curriculums:

- PREA Basic (This is the same training that all staff receive.)
- Volunteers in Corrections Basic Training (6 hour course)
 - This course teaches volunteers to identify the characteristics of a PREA victims and perpetrator and how discrimination and harassment may affect the workplace.
 - From January 1, 2015 – December 31, 2015, 15 volunteers received this training.
- Offenders Work Release Supervisor Training (5 hour course)
 - This course teaches signs of offender sexual abuse and to identify appropriate responses to be taken by staff when there is an allegation of sexual abuse. In March 2016, 26 participants completed this course and the auditor found signed acknowledgments for every participant.
- The Profession of Corrections and PREA (2 hour course)

While interviewing contract staff, they reported they not only received PREA training from the facility, they also received PREA training from Corizon and Gateway.

115.32(c) Auditor reviewed a tracking spreadsheet maintained by CCC. This tracking sheet tracked when volunteers received their annual PREA trainings, staff updates and had their background checks completed through MULES. Volunteers are required to have their annual PREA Audit Report

training and background check completed in the birth month every year. This tracking log shows entries from January 2013 through March 2016.

Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC provides information to inmates at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and harassment.

115.33(a) Memo from Director of Division of Adult Institutions, dated 4/11/2012 to all Wardens discussed PREA – Offender Education. This memo stated that “Speaking Up” video must be shown during formal orientation at all Reception and Diagnostic Facilities and again when they arrive at mainline facilities. They must also receive the PREA brochure “Offenders Sexual Abuse: What you need to know.”

Auditor toured the CCC intake area was taken through the intake process. Intake staff stated that PREA information is provided to all offenders on the day they arrive at CCC even though they have up to 72 hours. They do not leave intake without watching the PREA video. They are also given a brochure at this time.

When talking with inmates at CCC, all stated they watched the PREA video and received PREA information upon arrival. When the auditor asked them what they remembered about the video the most common reply was “don’t take the chips.” The offenders stated the video was “cheesy” but they do remember a guy talking about not taking things that are offered as they can lead to people “owning you.” Several of the women interviewed stated they would like to see a video with female inmates instead of males.

In the past 12 months, a total of 1,574 inmates were given PREA information during intake.

115.33(b) Auditor reviewed a memo from the Site Coordinator. It was titled, “PREA Offender Education.” The memo reads, “Offender PREA education is provided at CCC through the “Offender Brochure” and “Speaking Up” video the brochure is distributed and video is shown during receiving and orientation with a Case Manager reviewing the lesson plan. In addition, the video is played on the institutional television channel on regular basis. In addition, PREA posters throughout the institution are posted in Spanish and English.”

In the past 12 months, a total of 1,556 inmates (whose length of stay in the facility was for 30 days or more) received PREA education. This was done in the form of the educational videos and brochures. In addition, information posters were found throughout the facility.

115.33(c) Auditor reviewed an email sent out to all Site Coordinators from the Statewide PREA Coordinator on August 12, 2013. This email contained the following directive: “Don’t forget that sometime between August 8 and August 13, every offender in your facility must receive a PREA brochure and sign the acknowledgement form. I have attached the memo that you received during the meeting that will outline how to order additional brochures or acknowledgment form. Also...we learned during the DAI meeting that everything can be purchased with canteen funds.”

Auditor reviewed a memo dated March 13, 2014 to the Site Coordinator with the subject line “PREA Monthly Report for August 2013.” In this report the officer stated that 1,117 PREA Brochures were distributed and 1,117 Offender Sexual Abuse and Harassment Acknowledgment Forms were completed.”

115.33(d)(f) Policy D1-8.13 Offender Sexual Abuse and Harassment Section III (C) 6, page 12, discusses Offender Education must be provided in the native language of the inmate and in formats that deaf, visually impaired or otherwise, can understand. It also states, “Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If the documents are unable to be translated in the offender's native language the department's PREA site coordinator or designee shall work with additional staff to assist the offender in

understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook and the offender brochure on sexual abuse and harassment in accordance with the institutional services procedure regarding diagnostic center reception and orientation.”

CCC provided examples of PREA brochures and posters in the following languages: English, Japanese, Serbo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese and Traditional Chinese. Brochures are also available in large print and braille. There are also written transcripts of the video “Speaking Up for Female Offenders” in English and in Spanish.

Throughout the tour the audit team viewed PREA informational posters in all living units and other areas inmates gathered. These posters were in English and Spanish.

115.33(e) Auditor reviewed nine random inmate files from December 2015 to February 2016 and found signed acknowledge forms.

Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Agency maintains documentation of such training.

115.34(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (5), page 8, states, “All new investigators and administrative inquiry officers (AIOs) or designee assigned to investigate sexual abuse allegations shall receive specialized PREA Training by the designated inspector general’s office staff members.”

Investigator was able to articulate what they received in this training and the basic PREA training that all staff received. The investigator also reported he received training in PREA Crime Scenes and Evidence Collection as well as jail crime scene photography. He thought it was about 18 hours total.

115.34(b) Auditor reviewed the curriculum “Investigating Offender Sexual Abuse in Confinement Settings,” 36 hour course designed for Inspector General staff and Investigators. This curriculum was last revised September 24, 2012 and covered the following topics:

- Techniques for interviewing sexual abuse victims (Module 4 “Investigating Allegations of Sexual Abuse,” pages 12 – 16)
- Proper use of Miranda and Garrity (Module 2 “State Laws and Policies” pages 22 – 26)
- Criteria and evidence required to substantiate a case for administrative or prosecution referral (Module 4 “Investigating Allegations of Sexual Abuse” page 8 -11 and pages 18 -30)

This training curriculum also included a module titled “Mock Crime Scene Investigations” wherein participants took what they learned in previous modules and applied it a practice setting.

115.34(c) The auditor reviewed training logs from January 2013 through September 2014 and found that 56 investigators had been trained statewide. The Investigators also signed acknowledgments stating they received and understood this training. This training roster included the investigators assigned to CCC.

Standard 115.35 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC has a policy related to training of medical and mental health practitioners who work regularly on its grounds. They **do not** provide forensic examinations.

115.35(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) page 9, states, "Medical and mental health staff members shall receive annual specialized PREA training."

Auditor reviewed curriculum "PREA Specialized Medical/Mental Health Professionals" dated September 2012. This course is worth four hours and covers the following topics:

- How to detect and assess signs of sexual abuse and sexual harassment (pages 17 – 19)
- How to preserve and physical evidence of sexual abuse (pages 20 -22)
- How to respond effectively and professionally to victims of sexual abuse (page 23)
- How to and whom to report allegations and suspicions (page 15 – also addresses mandated reporting)

During this training, participants also viewed an eleven minute film titled "Maintaining Professional Relationships with Offender." After viewing this film, participants were required to sign an acknowledgement form stating they viewed and understood the film.

115.35(b) N/A The medical staff at the facility to not conduct forensic exams.

115.35(c)(d) Auditor reviewed training rosters indicating that 16 medical and mental health employees received a PREA refresher. Medical/Mental Health Staff states their staff is required to attend the CORE training provided by the facility. Staff interviewed articulated what was provided in training and were able to discuss their responsibility as mandated reporters. Each staff member interviewed was able to explain CCC's coordinated response.

Standard 115.41 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC has policy that addresses risk assessment screening upon admission to their facility as well as addresses reassessment requirements.

115.41(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C), pages 10 -11, states "Facilities shall assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure...Offenders shall be assessed within 72 hours of arrival. Offenders shall be reassessed within 30 days of arrival."

The time frame for administering the Internal Risk Assessment is also found in IS & SOP version of 5-2.3, Offender Internal Classification. On page 3, Section C (1), states, "Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification. In this same policy on page 4 in Section D (2) states, "CCM's will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score."

Intake staff advised that the risk assessment tool is given to all arrivals within 72 hours, unless they sign the refuse to participate form.

Intake staff also report that these inmates are also reassessed at the 30 day mark to see if any changes have occurred. (Auditor did reviewed an example of “Refusal to Participate” form that inmates can sign if the refuse to participate in the risk assessment. Inmates are also told that no sanctions will be given for refusal to participate.)

Inmates that were interviewed states they remembered being asked a “bunch of questions” at when they were at intake. They reported they were asked about prior sexual abuse, if they had ever been incarcerated before and if they were lesbian or bisexual

There were 1,574 inmates entering CCC within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. This auditor reviewed the tracking form used to track the inmates date admitted to CCC, the date of the 72 hour assessment, 30 day review and the date the 30 day review was completed. All assessments were completed in a timely manner and according to standards.

115.41(c)(d)(e) Auditor reviewed WERDCC’s risk screening tool and found all 10 elements in this standard were covered. Auditor also reviewed 9 random assessments from December 2015 to February 2016 that were completed within 72 hours of intake and another random sample of 30 day reassessments from December 2015 to February 2016. This tool has been adopted by MDOC and is used in all of their state operated facilities.

Auditor also reviewed the “The Adult Internal Risk Assessment Manual” which contained relevant information on how to complete the internal risk assessment. For example this manual contained information found in agency policy for example information on reassessment requirements can be found on page 8 and on page 9 a user can find information on how to interview an offender to obtain the information necessary to accurately completing the assessment. The manual was well laid out, provided explicit instructions on how to score the assessment and included screen prints on how to enter the assessment into the facility’s database.

All offenders are assigned one of the three following scores:

- Alpha – high potential for sexual perpetration
- Kappa – not a high risk for either sexual victimization or perpetration
- Sigma – high risk for sexual victimization

During the interview with a staff member who performs screening for risk of victimization and abusiveness, they reported the screening too takes into account medical issues, disability, have they been a victim, have they been in prison/jail before, their age, weight, and type of offenses they have committed. They stated this assessment is done when they arrive at intake.

115.41(f)(g) Policy IS5-2.3, Offender Internal Classification, reads, “CCM’s will complete a second internal classification within 30 calendar days of the offender’s arrival to the facility...”

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (C)(1), pages 10, states “The offenders risk level shall be reassessed when warranted due to referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offenders risk of sexual victimization or abusiveness.”

Also on page 4 of this same policy in Section D (3) it states, “A second internal classification will be completed within thirty calendar days of the offender’s arrival at the reception and diagnostic center, if they have not been transferred. If there is a change in the offender's internal classification score a case manager will review the offender's housing assignment to determine if a change in bed assignment is required. If an assignment change is required, this must be made on the same day the internal classification is completed. Any time an offender is returned to a diagnostic center this process will be repeated.”

115.41(h) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, “...The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment.”

The Adult Internal Risk Assessment Manual also states, “...The Case Manager should attempt to complete the assessment to the best of their abilities. The Case Manger should note in sections requiring offender response “refused to participate” and answer no to those questions. Offenders cannot be disciplined for refusing to answer questions...”

115.41(i) On pages 4 and 5 of Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, outlines how the internal classification scores will be documented. In Section (F) it states, “(1) Upon completion of the internal classification process, a printout of the results will be placed in the offender's classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention. (2) CCMs will enter the offender's internal classification score into the department computer system along with the date of internal classification and their employee identification number in accordance with the internal classification manual.”

The Adult Internal Risk Assessment Manual also states, “Click on Assessment Listing (Do not print the final formed version of the assessment). Find the assessment in the Assessment Listing screen for the offender. Click on the file folder icon in the assessment line. This will bring up another window with the assessment summary. Click on the printer icon at the top of the assessment.

The Site Coordinator reported only case managers have access to the information found on the risk assessment. He reported that line staff do not have access to this information. Intake staff also reported that there is limited access to the information obtained. They also stated that this is in policy.

Standard 115.42 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC uses the information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Each determination is based on the individual. CCC has three classifications: Sigma (high risk for sexual victimization), Alpha (high potential for sexual perpetration) and Kappa (not a high risk for either sexual victimization or perpetration).

Housing and program assignments for transgender or intersex inmates in the facility are made on a case by case basis.

CCC has policy in place that outlines the make-up and actions of a transgender committee. This committee consists of administrative staff, medical/mental health professionals, and the inmate to discuss the needs, housing, shower, and safety issues of the individual. **In the past twelve months there has been no transgendered inmates assigned to CCC so no meeting has taken place.**

115.42(a)(b) Policy IS5-2.3 Offender Internal Classification, Section III (C) Diagnostic Centers, page 1, states “The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines.” On page 2 of this same policy reads, “Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities.

In this same policy on page 3, housing based internal classification is addressed. It states, “Upon completion of the internal classification, the offender will be housed according to his score in accordance to the internal classification manual. Whenever possible, sigmas should be celled with sigmas and alphas with alphas. If an offender does not have an internal classification score he should be housed with a kappa with similar demographics until the offender internal classification instrument is completed.”

IS & SOP 18-1.1, Required Activities, page 5, Section III (B) (4), states, “Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification. Housing unit staff members will review internal classification information and forward it to the required activities’ supervisor prior to the offender’s start date at the required activity.”

On page 6 of this same policy, states, “The Required Activities Coordinator will notify the work supervisor of the offender’s internal classification information. The work supervisor is responsible for knowing the internal classification of their workers and assign tasks in such a manner to ensure the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working. Internal classification information shall not be used by any staff member to preclude placement of an offender in a required activity.”

Auditor reviewed a memo dated March 25, 2015 from the Assistant Warden to all Classification Staff. The subject of this memo was “Use of Adult Internal Risk Assessment Scores.” The memo states, “Upon arrival at CCC, all offenders are assessed for risk of sexual

victimization and potential for sexual perpetration. Using the Adult Internal Risk Assessment, offenders are assigned a score of either Alpha, Kappa, or Sigma. Offenders who are classified as Alphas have a higher potential for sexual perpetration. Offenders classified as Sigma's exhibit a higher risk of being sexually victimized. In an effort to minimize sexual victimization, Alphas will not be housed in the same cell as Sigma offenders. Offenders classified as Sigma may be housed with Kappa offenders or other Sigmas, but will never be housed with Alpha classified offenders. A report of offenders who have received a violation for forcible sexual misconduct is accessed weekly. The housing assignment of the offenders celled in the same room with the offender receiving the 7.1 will be checked to ensure none of the offenders assigned are Sigmas. With regard to programming, all mandatory programs are under direct supervision of CCC Classification staff. As classification staff members, it is your responsibility to be aware of the Adult Internal Risk Assessment scores and supervise the classes accordingly. It is your responsibility to ensure that Alphas and Sigmas are not left together without direct supervision. This includes voluntary programs such as Restorative Justice and Organizational meetings. The IAC's who supervise these classes and programs are responsible for ensuring they are cognizant of an offenders risk score and ensure that offenders participating in meetings or programs are not left unattended. As Classification staff and IAC's, you may also be considered a worksite supervisor. If you have clerks, porters, or other offender works assigned to your position, it is your responsibility to supervise and monitor the offenders working in your area for risk of victimization/perpetration. It is my expectation that workers in your areas will not be left unattended. If you have any questions, please do not hesitate to contact me."

SOP D1-8.13 Offender Sexual Abuse and Harassment, page 12, "All housing, cell, bed, education, and programming assignments for transgender or intersex offenders shall be made in accordance with the institutional services procedures regarding offender housing assignments and programming assignments."

Site Coordinator stated that information from the assessment tool is used to determine housing, education and programs. He stated it is the policy and practice of CCC not to house potential victims with potential aggressors.

An example of housing assignments was found in a memo dated March 25, 2106 from CCC Assistant Warden to all staff responsible for offender cell assignments. The subject of the memo was "CDV #7 Cell Assignments." The memo states, "Effective immediately, offenders who have been found guilty of a CDV #7.1 Forcible Sexual Misconduct will be housed accordingly. We must make every effort to assign offenders with others who have compatible risk scores. In an effort to do this, please ensure offenders who are classified as Alpha are not celled with an offender whose Adult Internal Risk Score is Sigma. It is possible to run a report in OPII that will indicate all offenders at CCC who have received and been found guilty of a CDV#7.1. Please ensure that you run this report on a weekly basis and that all offenders who have been found guilty of forcible sexual misconduct are celled appropriately as outlined above..."

CCC provided examples of these reports from various housing units. Housing units' rosters were also reviewed to determine if this practice was currently being followed.

115.42(c)(d)(e)(f)(g) Policy IS & SOP 5-3.1, Offender Housing Assignments, also outlines the Transgender Committee. The policy reads, "Each institution shall convene a transgender committee to determine and review an offender's classification on a case by case basis. A transgender or intersex offender's own views with respect to his or her safety shall be given serious consideration. The transgendered committee should meet and have a written recommendation completed within 10 working days of the offender's arrival at the facility. The recommendation should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the prison rape elimination act (PREA) coordinator for review and approval. A response should be made back to the transgender committee within 10 working days. The transgender committee's approved written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee will review the housing assignments every six months following the initial determination. Reassessments can be done more frequently as needed on a case by case basis. Transgender or intersex offenders shall be given the opportunity to shower separately from other offenders as outlined by SOP."

SOP D1-8.13, Offender Sexual Abuse and Harassment, page 11, states "Housing assignment for transgender and intersex offenders shall be made on a case-by-case basis by the institutional transgender/intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments and the probation and parole procedure regarding risk assessment and housing assignments."

IS & SOP 5-3.1 Offender Housing Assignments, pages 4 -5 addresses Transgender Housing Assignments. It also states, "The transgender committee is responsible for determining a permanent housing assignment for each transgender or intersex offender, and prior to this assignment shall meeting with each offender to determine his vulnerability within the general population and length of time living as the acquired gender. Transgender and intersex housing assignments shall not be made based solely on genitalia by must consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records."

A copy of the template the Transgender Committee would use to determine housing was also reviewed by the auditor.

The Site Coordinator reported that CCC does not have a designated wing to house transgender or intersex inmates. He stated that if a

transgender or intersex inmate would be assigned to their facility, they would be offered separate shower times.

Standard 115.43 Protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC has policy that prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, there has been no inmate placed in involuntary segregation.

115.43(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, (F) Segregated Housing in Institutional Setting, pages 17 -18 states "Following an allegation of offender sexual abuse or if an offender is assessed at being high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- (1) Return to assigned housing.
- (2) Temporary reassignment of staff members.
- (3) Assignment to another housing unit.
- (4) Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

Policy IS21-1.1 "Temporary Administrative Segregation Confinement" states, "Offenders may be placed in temporary administrative segregation confinement upon recommendation by any staff member and approved by the shift commander when an offender is an immediate security risk....there is an urgent need to separate the offender from others for his/her safety or that of others..."

The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours is zero.

On the day of the audit there were no inmates being held in segregation based on high risk for victimization. The auditor did review three PREA allegation notifications that have been completed in the past 12 months. In looking at the housing placement recommendations, all indicated that alleged victim would remain in the original housing units. Only alleged perpetrators were removed.

Staff reported that the typical response is not to segregate the victim. They stated if involuntary segregation would be used to protect a

victim, they would follow agency policy. They reported it is not to be longer than 48 hours and they do their best to make sure programming would continue. Staff reported that everything is documented and becomes a part of the classification hearing that is held.

Auditor reviewed two PREA notifications where the victims requested protective custody in administrative segregation. These notifications were dated August 2015 and October 2015.

In addition, the auditor reviewed a memo dated April 13, 2016 from the Site Coordinator to Classification Staff. The subject of this memo was "Least Restrictive Housing." The memo states, "If an offender declares they need protective custody as a result of a being a victim of a PREA allegation, it should be noted on the Initial Classification Hearing form and all hearings thereafter, "This is the least restrictive housing unit available due to the enemy declaration."

Staff that works in the segregation unit stated victims that request segregation are there less than 30 days unless they (the victim) request a longer stay.

Random interviews of inmates revealed a common theme. All stated they would not report being a victim of sexual abuse because they would "immediately go to the hole." They reported they have seen it happen multiple times.

RECOMMENDATION: The auditor spoke to administration about the perception the inmates have of being placed "in the hole" when they report sexual abuse or harassment. After much discussion, it is believed that inmates are in fact seeing the coordinate response and the victims are being separated out for interviews and trips to medical and/or mental health. It is recommended that Functional Unit Managers and Corrections Case Managers talk with the inmates in their living units and stress that victims are not punished for reporting sexual abuse and harassment

The auditor could not find documentation to support this claim. The auditor randomly selected another five PREA notification files from the Site Coordinator. Upon review of these files, there were no instances where the victim was involuntarily placed in segregation. All housing documentation indicated that victim remained in their housing unit.

115.43(b) CCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(c) CCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(d) CCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(e) CCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

NOTE: Auditor reviewed MDOC's Segregated Housing for Protective Custody which outlines the an assessment of all alternative housing choices (least restrictive housing) must be conducted prior to placing a victim in segregated housing for protection and that victims of sexual abuse ordinarily not be held in segregated housing for longer than 30 days.

Standard 115.51 Inmate reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC has established multiple procedures for allowing inmates internal ways to report sexual abuse or sexual harassment privately to the facility or to an outside entity. Inmates may report via an informal resolution request, to a staff member, PREA hotline, advocacy agency, or to the Department of Public Safety, Crimes Victims Services Unit. Third party reports are also accepted by CCC.

As of the date of this audit, CCC does not have any offenders who are detained solely for civil immigration purposes.

115.51(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, “Reporting Sexual Abuse or Harassment,” pages 14 states, “Each facility CAO’s or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff neglect, and violation or responsibilities that may contributed to an incident of offender sexual abuse , to include but not be limited to: informal resolution request (IRR), grievance process, or offender complaint, to a staff member, PREA hotline, advocacy agency, and Department of Public Safety, Crimes Victims Services Unit. All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure.”

Auditor reviewed the offender brochure on “Offender Sexual Abuse and Harassment” which is given out at intake. This brochure outlines the ways inmates can make reports of sexual abuse and sexual harassment. It reads, “Report the abuse to any staff member either verbally or in writing as soon as possible, whether the alleged incidence involved you or not. Call the department’s confidential PREA hotline. You can do so at any offender phone by listening to the prompts and pressing “8” or dialing (573) 526-PREA (7732). Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102. If you are assigned to a community release center or community supervision center, you may report sexual abuse using the above guidelines or call the PREA hotlines at (855) 773-6391.

Staff was able to articulate the various ways inmates can report sexual abuse and sexual harassment. They stated that all reports are taken seriously. They also advised that they could also call the PREA hotline and make a report. They advised this information was in their employee handbook.

Inmates interviewed were also able to articulate the various ways they could make a report including calling the hotline, telling staff and/or family members. Although they were aware of the PREA hotline, many felt that it was not anonymous. They also reported they felt most staff took reports seriously and they felt safe at CCC.

Inmates in participating in the substance abuse treatment stated they were not allowed to use the phone without treatment staff permission. They were also advised they could not approach DOC staff. When this was brought to the administration’s attention they advised that this was not true.

RECOMMENDATION: Re-educate treatment staff on the importance of allowing inmates access to the PREA hotline for reporting abuse. If they insist that limited access to the telephones is part of any incentive program, make sure they are making reporting alternatives available to the women in this program. Case Managers in this unit can also review reporting alternatives when they meet with the women.

Information was posted on bulletin boards throughout the facility and in the housing units advising inmates on how to make reports of sexual abuse. The PREA hotline number was clearly posted above all phones.

115.51(b) Auditor reviewed the MOU with the Missouri Department of Public Safety. Missouri Department of Public Safety’s responsibilities include initiating a SharePoint application that can be shared by DPS and DOC. The DPS shall receive written correspondence of allegations of offender sexual abuse and harassment. All written correspondence received by the DPS shall be assigned a tracking number. The DPS shall record in the SharePoint application the date of the written correspondence is received, the name of the institution, the name of the victim if known and the date the letter is forwarded to the DOC. The DOC shall record in the SharePoint application the date offender letter is received and any action taken. This MOU is ongoing from the date of the final signature until such time as it is deemed unnecessary by either party. The MOU was signed July 25, 2013.

115.51(c) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 14, states, “All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure.”

Auditor reviewed three PREA Notifications made by an anonymous report, a third party report and a staff member. CCC initiated their coordinated response promptly according to their policy and PREA national standards.

115.51(d) Policy D1-8.9 Crime Tips and PREA Hotlines, page 5, Section III (C) states, “For staff, the department has established a separate crime tips hotline to anonymously report criminal activity, offender sexual abuse, or offender sexual harassment and is received in the office of inspector general. These calls may be answered by a staff member in the office of inspector general or in cases of afterhours calls, the caller may leave a message and a return phone number should they wish to be contacted. Information regarding hotline use for staff will be posted conspicuously in areas routinely accessible to all staff members.”

Staff Tips Hotline posters are throughout the facility and are located in staff break rooms and on the MDOC intranet home.

Standard 115.52 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC has an administrative procedure for dealing with inmates grievances regarding sexual abuse. This procedure also allows them to submit a grievance at any time regardless when the incident occurred. If their grievance is against a staff member they are not required to submit their grievance through that staff member. CCC also outlines, through policy, where grievance cannot be filed.

CCC also requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 70 days of the filing of the grievance. According to the pre-audit questionnaire, the agency reported that in the past twelve months, one grievance has been filed. This grievance was handled in a timely manner and the was determined to be unfounded by investigators.

115.52(a)(b)(c) Policy D5-3.2 Offender Grievance, pages 17-19 addresses PREA Informal Resolution Request, Grievance and Appeal. The following are portions of this policy that supports this standard:

Time limit

- “The department shall not impose a time limit on when an offender may submit a complaint regarding an allegation of offenders’ sexual abuse.”

Informal Process

- “The department will not require an offender to use the informal grievances process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse.”
- “Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt.”

Against a Staff Member

- “A staff member who is subject of the complaint should not be the respondent.”

Grievance Process

- “Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee.”
- “Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee, and, an extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided.
- “At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process”

Third Party Reporting:

- “Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution.”
- “When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing.”
- “Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry.”
- “When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry.”
- “The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf.”
- “If the offender declines to have the request process on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes.”
- “If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.”

Emergency Informal Resolution Requests

- “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry.”
- “If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form.”
- “Emergency informal resolution requests will be processed as follows:
 - The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure.
 - When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately.
 - Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency.
 - The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response.
 - A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form.
 - The initial and final response for the informal resolution request shall document the department’s determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request.
 - If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure.”

Policy D1-8.13 Offender Sexual Abuse and Harassment, Page 13 - 14, states “The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse...nor impose a time limit”

Policy D1-8.9 Crime Tips and PREA Hotlines, page 4, Section III (A)(1a) states “The hotlines will not be utilized for complaints, grievances or other unrelated purposes.”

SOPDI-8.13 Offender Sexual Abuse and Harassment, page 14, addresses exhausting administrative remedies. It states, “The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit on when an offender may submit a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions. The department shall ensure that an offender who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint and the grievance or complaint is not referred to a staff member who is the subject of the complaint. Staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions.”

Policy D5-3.2 Offender Grievance, page 6, Section III, (E)(2b)(1) states, "Upon approval of the division director or designee, a conduct violation may be issued for threats. This conduct violation will not be viewed as retaliation reprisal." Also on page 6, Section III (E)(4a)(1) it states, "When there is evidence to support an unfounded allegation, the CAO or designee will issue a conduct violation and the CAO or designee will issue a letter of limited filing status."

115.52(d) At this time CCC has not had any grievances where a final decision was not reached within 90 days.

115.52(e) CCC reports they have had no third party grievances filed within the past year.

115.52(f) CCC reports they have had no emergency grievances filed pursuant to this standard.

Standard 115.53 Inmate access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC provides inmates with outside access to victim advocates for emotional support services related to sexual abuse by providing mailing addresses to Just Detention International (JDI) and Rape, Abuse and Incest National Network (RAINN). They also inform inmates prior to given them access to outside supports, the extent to which such communications will be monitored. CCC was unable to enter a MOU with a community provider.

115.53(a)(b) SOP version D1-8.13 Offender Sexual Abuse and Harassment, pages 20 -21 covers the procedure during the initial assessment with mental health when there is an allegation of sexual abuse and harassment. It states, "During the initial assessment, mental health treatment interventions will be discussed with the victim by QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender's acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal or treatment/no show form. A copy of the refusal of treatment form will be forwarded to the PREA site coordinator to be placed in the PREA event file. If the offender requests an advocate, the QMHP will notify the site advocacy liaison. QMHP will notify the PREA site coordinator in writing or email when victim requests an advocate. PREA site coordinator will subsequently notify the investigative staff of victim's request for advocate. When the victim is out counted to MOSAIC Life Care for a SANE exam the hospital will contact the YWCA for advocacy services. When advocacy hours provided by the YWCA have been exhausted, the PREA site coordinator will notify the chaplain of the victim's request for an advocate. Institutional chaplain will meet with the victim and document the meeting, forwarding this documentation to the PREA site coordinator to be placed in the PREA event file."

Auditor reviewed the Notice to Offenders Assigned to Administrative Segregation Reporting Allegations of Sexual Harassment. This notice outlined how inmates in Administrative Segregation can still have access to outside emotional support services. Inmates in CCC's Administrative Segregation can contact JDI, RAINN as well as Missouri Department of Public Safety. They are given the addresses and are instructed they do not have to place their return address on the envelope.

It should also be noted that the advocacy posters also state, "Be aware: Per department policy, mail will be subject to examination and phone call may be monitored."

Interviews with inmates resulted in mixed responses in when it came to the discussing availability of advocates. Most stated they knew they were available but was unsure how to access them if needed.

RECOMMENDATION: Have the Case Managers re-educate inmates when they meet with them; just as staff need PREA refreshers so do inmates. Have them do a brief PREA refresher that covers reporting and advocacy availability.

115.53(c) CCC currently does not have an Advocate Agency that can provide emotional support services. An email dated December 4, 2013 to the Statewide Coordinator states, “Green Hills Women’s Shelter currently will not be able to partner with DOC regarding PREA. As discussed, Green Hills Women’s Shelter Program has limited staffing capacity and financial resources. If PREA funding becomes available please feel free to contact our program and we will be glad to meet with you and re-discuss.”

Standard 115.54 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CDCC provides a method to receive third party reports of inmate sexual abuse or sexual harassment. Family members can make report via information found on MDOC website. They can either email or make a phone call.

115.54(a) Policy SOPD1-8.13 Offender Sexual Abuse and Harassment, Section III (D)(2), page 14 states, “All allegation including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlines in this procedure.”

Auditor verified that reporting information is on the MDOC website. The URL is <http://doc.mo.doc/OD/PREA.php>. This site has an email address and a phone number available to the public.

Standard 115.61 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CDCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

115.61(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 7, “The CAO or designee shall control the dissemination of sensitive information related to offender sexual abuse to ensure the offender is not exploited by staff members or other offenders. Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services. Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.”

Policy D2-11.10, Staff Member Conduct, not only states that staff members must obey all laws but on page 7, Section III, (D1&2) states, “Staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall

PREA Audit Report

immediately report such to the inspector general in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. Staff members must immediately report any misconduct through the appropriate chain of command. If there is reason to believe that any staff member in the chain of command may be involved in the alleged misconduct, the staff member should report the matter to the next higher level of management in the department.

CCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

Staff members interviewed reported they have a duty to report. They also reported are just as liable for failing to report sexual abuse and sexual harassment as they would be for failing to report any crime.

115.61(c) Policy D1-8.13 Offender Sexual Abuse and Harassment reads, “Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services.”

Auditor reviewed one PREA notification made by a mental health professional. Although the notes indicate the MHP felt the “memories” were due to a dream or a delusion, a report was still made to the shift commander per CCC policy.

115.61(d) Policy IS11-32 Receiving Screening Intake Unit, page 5 addresses procedure if the alleged victim is under the age 18 or considered to be a vulnerable adult. The policy states, “Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws.”

Auditor also reviewed Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410. 1 which states, “When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the director.”

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1, defines a vulnerable person as “any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program.”

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.163.1, defines mandatory reporting requirements as “Any person having reasonable cause to suspect that a vulnerable person presents a likelihood of suffering serious physical harm or is the victim of abuse or neglect shall report such information to the department. Reports of vulnerable person abuse received by the departments of health and senior services and social services shall be forwarded to the department.”

115.61(e) SOPD1-8.13, Offender Sexual Abuse and Harassment,” pages 16 and 17 states, “All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until and outside interpreter can be arranged.”

CCC also provided a copy of their PREA Coordinated Response to Offender Sexual Abuse.

Standard 115.62 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC acts immediately if they learn that an inmate is subject to a substantial risk of imminent sexual abuse. In the past twelve months there have been no inmates that have been reported to be subject to substantial risk of imminent sexual abuse.

115.62(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 18, under Segregated Housing in Institutional Setting states, “If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender’s safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units.”

Administrative staff stated that the expectation for all staff is to act immediately if they become aware of an offender being in imminent danger of sexual abuse. This involves beginning the facility’s coordinate response and separate the victim from the alleged perpetrator. The warden also stressed staff are use the least restrictive housing available to secure the victim. The facility’s goal is to keep the victim separate from their reported abuser. They advised this is also demonstrated in their diligence in increasing camera coverage in their facility.

Random staff reported that if such an incident would occur they would immediately secure the alleged victim for safety purposes and contact their supervisor.

CCC reports there have been no incidents in the past 12 months where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility that the Warden must notify the head of the facility where the sexual abuse is alleged to have occurred. Notification is to be made as soon as possible but no later than 72 hours after receiving the allegation.

They also have a policy that states that allegations received from other facilities are investigated in accordance with PREA standards.

116.63(a)(b)(c)(d) SOPD1-8.13 Offender Sexual Abuse and Harassment, page 17 states, “Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department’s PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours. A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections.”

CCC reported that in the last twelve months they have received any reports from incoming or current inmates that abuse occurred at another facility.

CCC stated, “In the event that a report is received that an offender was sexually abused or harassed while housed at another facility, the issue is referred to the shift supervisor who will immediately assess the offender’s need for protective custody. The shift supervisor will complete the PREA notification checklist. In addition, the PREA Site Coordinator appropriate Staff Members at the facility in which the abuse took place, will be notified immediately via electronically.”

CCC reported that in the last twelve months they have received one report from another agency regarding sexual abuse reported to have happened at their facility. Auditor reviewed both notifications made to WERDCC. Notifications were made in accordance to standards

Interview with facility administration revealed that any notification CCC receives is sent to the site coordinator when then sends information to the Inspector General. Administration advises that the Inspector General will make the determination if an investigation will be opened.

Standard 115.64 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard. CCC reported they had 48 allegations reported where security staff members responded to reported allegations where they victim and perpetrator had to be separated and evidence was collected. They also advised they had zero allegations reported where a non-security staff was the first responder and secured potential evidence on the victim.

115.64(a) Auditor reviewed CCC's Coordinated Response that is a part of policy D1-8.13 Offender Sexual Abuse and Harassment located on page 17. This part of the policy states, "Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
- Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff."

Auditor reviewed the lesson plan for PREA Basic Training, pages 21 –23 covers first responder responsibilities. It breaks down the First Responder responsibilities by type of event. The three events covered include: allegation of penetration that has happened within 72 hours, all other penetrations and allegations of non-penetration events.

Auditor reviewed 20 documented examples of a coordinated response. This included reviewing notifications made by security staff. Each notification included date and time of incident, location of incident, name and custody information of victim as well as the alleged perpetrator. Notifications also included a description of the event, date and time of persons to be notified and recommendation for housing placement. If a forensic exam was required, location of the examination as well as date and time victim was sent out and then returned to the facility.

Staff all stated that as a first responder they responsibility is to separate the victim from the abuser, allow neither one of them to shower, get a drink or change clothes. They stated they would then call their supervisor who, in turn, contacts the investigators. Staff would also secure the scene and would not allow anyone to enter until the investigators arrived and took control. When asked if they would allow the Warden to enter the area, the answers were mixed. Those who said they would allow the Warden in the area stated they would document that the entrance had occurred.

115.64(b) All staff are considered to be first responders and are to follow the coordinated response found in D1-8.13 Offender Sexual Abuse and Harassment.

When talking with volunteers and contractors, they stated if they were the first to respond to a sexual abuse allegation they would keep the victim safe and notify staff immediately.

Standard 115.65 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC has developed a coordinated response to all sexual abuse incidents.

115.65(a) The coordinated response to offender sexual abuse covers the following topics:

- Role and Responsibilities of Shift Commander, Site PREA Coordinator, First Responder, Mental Health, and Medical
- Exceptions to the protocol

SOPD1-8.13 Offender Sexual Abuse and Harassment includes a section on coordinated response on pages 16 and 17. It states, "CAO or designee shall coordinate actions taken by first responders, medical, mental health, investigators, and administrators in response to all allegations of offender sexual abuse and harassment as outlined in the divisions' coordinated response to offender sexual abuse protocol. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until an outside interpreter can be arranged. If the allegation is reported directly to a facility administrator the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist.

Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
 - Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.
- Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours.
- A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections."

Administrative staff articulated all components of the facility's coordinated response to sexual abuse and harassment. The expectation outlined by the administration is that every employee should be knowledgeable of the coordinated response and execute the response when needed.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a labor agreement with Missouri Corrections Officers Association that ends 9/30/2018.

115.66(a) Policy D2-11.6, Labor Organization, page 4 states, "Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

On page 2, Article 2, Management Rights of Labor Agreement between the State of Missouri Office Administration, The Department of Corrections Division of Adult Institutions and Missouri Corrections Officers Association (MOCOA) states, "The right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime."

Standard 115.67 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC has policy in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other inmates or staff.

In the past twelve months there have been reports of retaliation against staff or inmates.

115.67(a)(b)(c)(d) SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 15 -16 outlines the protection from retaliation for inmates and staff in the following manner:

- Inmates:
 - The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation.
 - Immediately following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner:
 - The alleged victim and reporter of offender sexual abuse or harassment shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation.
 - For offender victims and offender reporters, monitoring shall include face-to-face status checks by staff members a

minimum of every 30 days.

- The assessment/retaliation status check form shall be used during each of the assessment interviews.
- If the victim or reporter expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.

- Staff

- The PREA site coordinator or designee shall monitor all staff reporters of offender sexual abuse or harassment for a minimum of 90 days. Monitoring shall include but is not limited to monitoring for changes that may indicate retaliation, negative performance reviews, or reassignments.
 - The assessment/retaliation status check form shall be used during each of the assessment interviews.
- The PREA site coordinator or designee shall ensure all witnesses receive an initial assessment utilizing the assessment/retaliation status check form.
 - Witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring.
 - The witness shall sign the assessment/retaliation status check form showing they have no concerns regarding potential retaliation.

This policy also states, “The PREA site coordinator shall report all evidence of retaliation to the CAO to ensure an inquiry or investigation is initiated in accordance with department procedures. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual. The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation and/or possible victims of retaliation be offered emotional support services. Emotional services for offender victim, reporters, or witnesses include but are not limited to, case management or referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff reporters or witnesses included but are not limited to, employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered victim or suspected victim shall be noted on the assessment/retaliation status check form. In the event that a victim, offender reporter, or a witness is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment/retaliation status check form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment/retaliation status check form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring will continue. If released to a field probation and parole office, monitoring will stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring.”

CCC provided an example of “Assessment/Retaliation Status Checklist” form and also provided example of monitoring for retaliation spreadsheet which had twenty cases listed. These twenty monitoring examples show check-ins averaging once every 30 days. All examples reviewed indicated “no harassment or retaliation was reported.” It should also be noted that during the retaliation monitoring advocate services were offered to the offenders and no offenders requested these services.

Auditor interviewed the grievance officer who is responsible for monitoring retaliation at CCC. They stated they always ask the offender/victim if there has been in conflict and look for any changes in behavior. She states she does a 30 – 60 – 90 days check in and will continue past that day if necessary.

Standard 115.68 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC has policy that prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made. In the past twelve months, there have been no inmates placed in involuntary segregated housing.

115.68(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, pages 17 and 18, under Segregated Housing in Institutional Setting states, “Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- Return to assigned housing.
- Temporary reassignment of staff members.
- Assignment to another housing unit.
- Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender’s safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody.”

CCC reports, “There have been no instances of involuntary segregated housing for offenders who are at a high risk of sexual victimization. Therefore, no documentation exists regarding access to programs, privileges, education, work opportunities, etc.”

Standard 115.71 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Inspector General conducts all criminal case investigations at CCC. Administrative agency investigations are also conducted at CCC.

115.71(a) Policy D1-8.1 Investigation Unit Responsibilities/Actions, page 5, Section III (A) (2) (3) states, “The department maintains a zero tolerance policy against offender abuse and offender sexual abuse. The PREA also prohibits sexual misconduct by staff members against an offender and offender against an offender. All such allegations will be thoroughly reviewed for potential investigation. The investigation unit, under the jurisdiction of the inspector general’s office, is the investigative unit of the department. This unit conducts investigations in response to reports of violations of Missouri state law and serious violations of department procedure at all facilities throughout the state. The unit works closely with federal, state and local law enforcement agencies and the other divisions within the department to ensure criminal violators are prosecuted. The department may pursue prosecution of any staff member or offender who violates state law.”

Page 7 of this same policy states, “The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment.”

Page 10 of this same policy, Section H, outlines the investigators responsibilities. The policy states, “All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as an offender or employee. Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible. Administrative investigations shall include an effort to determine whether staff member actions or failures to act, contributed to the behaviors being alleged. The departure of the alleged abuser or victim from employment or control of the department shall not provide a basis for terminating the investigation. When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney’s office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated.”

115.71(b) Auditor reviewed the training roster from “PREA Specialized Investigator Training” dated January 1, 2013 through September 20, 2014. The roster showed that 56 investigators statewide received this training during that time frame. In October of 2014 17 investigators also attended this training.

115.71(c) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office.”

In the past 12 months there have been no investigations involving a SANE exam other evidence at CCC.

115.71(d) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney’s office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated.”

Since 2012, CCC has referred six cases for prosecution with that last case being in 2015.

115.71(e) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as an offender or employee.”

115.71(f) Policy D1-8.4 Administrative Inquiries, page 5, Section III, (A) states, “Any staff member having direct or indirect knowledge of a potential category I or IV behavior shall immediately notify the CAO by submitting a report of incident, or memorandum, through the chain of command. A copy of all reports of harassment, sexual misconduct, discrimination, or retaliation should be sent to the employee relations supervisor. Staff members must fully cooperate with all administrative inquiries and must fully and truthfully relate their knowledge of all facts pertaining to the alleged behavior under review. Staff members who are the subject of a criminal investigation are not required to provide incriminating information about their own misconduct. However, in all other cases, staff members must fully cooperate with any investigation or administrative inquiry and truthfully relate their knowledge of all facts.”

Pages 5 and 6 of this same policy discuss when an administrative inquiry may be conducted. This policy states, “An administrative inquiry may be conducted when a staff member may have been engaged in category I behaviors, or an offender may have been engaged in category IV behaviors. When the CAO receives information that a staff member may have been engaged in category I behavior, the CAO shall review the information and determine the appropriate course of action... The offender sexual abuse coordinated response will be initiated on

all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department's procedure regarding offender sexual abuse and harassment. Based on the circumstances of the allegation, the CAO may immediately remove or reassign the staff member from having contact with the offender pending the outcome of an investigation, or the determination of whether and to what extent discipline is warranted, or if there is reason to believe the offender is being retaliated against by the staff member."

Administrative staff report all administrative cases are assigned by the Warden. Administration advised that requests for investigations are referred to the inspector general's office and they in turn make the determination if an investigation is going to be opened

Auditor reviewed one administrative investigation: one case of substantiated inmate on inmate sexual harassment. This investigation was well written and thorough. It included interviews with the victim and alleged perpetrator as well as witnesses. This investigation was concluded within 45 days of the date the report was received.

115.71(g) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible."

115.71(h) Since 2012, CCC has referred six cases for prosecution with that last case being in 2015.

115.71(i) Auditor reviewed the Agency Records Disposition Schedule and found that records are retained for 50 years.

115.71(j) CCC reported no staff has resigned in the past twelve months as a result of an investigation of a sexual abuse or sexual harassment of an inmate. This last occurred in 2014 and the investigation resulted in a substantiated case.

NOTE: Investigative staff stated they have received specialized PREA training and was able to explain what they covered in training including the discussion of DNA collection, Miranda, Garrity and interviewing victims. Investigative staff stated that all investigations are written in report form. They interview victims, alleged perpetrators, witnesses as well as review any video surveillance that is available. Staff also stated that they look at the totality of the investigation before making a determination. They do not look solely on the credibility of the victim. Investigations are not terminated until all facts and evidence is gathered. Staff stated they do not terminate an investigation when the alleged perpetrator leaves the facility. (This includes staff.)

Auditor reviewed nine investigations. Investigators interviewed victims, witnesses and the alleged perpetrators. These investigations also included an anonymous report through their Crime Tips hotline. All reports were very thorough and done in a timely manner.

Standard 115.72 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC imposes no higher standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.72(a) Policy D1-8.4 Administrative Inquiries, page 8, Section III (C) (9) states, "No higher standard than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated."

CCC also provided examples for this auditor to review. Auditor reviewed nine cases of PREA allegations of inmate on inmate sexual harassment and staff on inmate sexual abuse. All reports were well written and thorough. They included interviews with the victim, alleged perpetrator and witnesses. All cases were closed within 60 days.

Investigative staff stated they do not impose a higher standard of a preponderance of the evidence. They reported they take their

investigations seriously and that sexual abuse and harassment is not tolerated. The investigator reported that he treats cases in the correctional setting just as he did while working in the community as certified law enforcement officer.

Standard 115.73 Reporting to inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC has a policy requiring that any inmate who makes an allegation that she suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Inspector General's office conducts all criminal investigations and CCC conducts administrative investigations.

115.73(a)(c)(d)(e) Policy D1-8.13, Offender Sexual Abuse and Harassment, Reporting Outcomes, pages 23 and 24 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA coordinator shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification or the alleged sexual abuse by staff notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment. The initial notification shall state whether the allegation was substantiated, unsubstantiated, or unfounded.

In the event that the investigation was conducted by an outside agency, the office of the inspector general shall request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs unless the inquiry or investigation is unfounded:

- (1) Staff perpetrator is no longer assigned to the housing unit.
- (2) Staff perpetrator is no longer employed at the institution or department.
- (3) The staff perpetrator has been indicted on a charge related to sexual abuse within the institution.
- (4) A disposition of charges exists related to sexual abuse within the institution.

Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs.

- (1) The offender has been indicted on a charge related to sexual abuse within the institution.
- (2) A disposition of charges exists related to sexual abuse within the institution.

The departmental PREA coordinator shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender. If the investigation or inquiry involved offender-on-offender sexual abuse or harassment that was substantiated or unsubstantiated, written notification shall be delivered to the offender victim in a confidential manner. The offender shall be offered the notification letter but shall have the right to decline the letter. The original notification shall be signed by the offender or resident and witnessed by a staff member. The original notification shall be forwarded to the department's PREA coordinator for tracking. A copy of the notification shall be provided to the offender. The date the notification letter is delivered to the offender shall be documented in the chronological section of the offender's classification file. In the event the offender is no longer housed in an institution, community release center, or community supervision center the duty to report ends."

Administrative staff reported that it is in policy that all offender victims are notified of the outcomes of their PREA cases. Investigative staff reported that notifications are made and also reported that this is part of policy.

In the past 12 months, 96 criminal and/or administrative investigations of alleged inmate sexual abuse were completed by CCC and investigators.

Three inmates were interviewed that reported sexual abuse while incarcerated at CCC. All three inmates reported they were notified in writing of the outcomes of the investigation.

115.73(b) N/A CCC is responsible for conducting administrative investigations and the Inspector General's Office has investigators inside the facility to conduct criminal investigations of alleged sexual abuse and sexual harassment.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. In the past 12 months, there has been one staff member disciplined under this policy. They received a letter of caution in January 2016.

115.76(a)(c)(d) Policy D2-11.10 Staff Misconduct, page 4, Section III (A) (14) states, "In order to pursue organizational excellence staff members are expected to adhere to the following professional principles and conduct...report inappropriate actions, misconduct, offender or resident abuse, and sexual contact by staff members and offenders or residents to appropriate personnel."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (N), page 27 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement."

115.76(b) CCC reports no staff has been terminated in the past twelve months following a substantiated investigation for sexual abuse. Auditor reviewed a statewide log that shows staff member, contractors and volunteers that have been disciplined for sexual abuse. The log lists five names from 2014 and none were assigned to CCC.

Standard 115.77 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, there have been no contractors or volunteers engage in sexual abuse of inmates.

115.77(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment (Page 27 of SOP version) states, "Corrective action for contractors
PREA Audit Report

and volunteers: Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations.”

Policy D2-13.1 Volunteers, page 11 -13, Section III (G) states, “All volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and staff member conduct. All offender sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination. When disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions.

The volunteer site coordinator shall provide the CAO with the recommendation and documentation. If the volunteer is a multi-location volunteer, the volunteer site coordinator requesting the disciplinary action shall provide a copy of the documentation to the volunteer site coordinator at the home base location and/or all other additional locations. If the CAO concurs, and the discipline requires suspension, the volunteer will be suspended and notified in writing within 5 working days that he is suspended and that the recommendation for disciplinary action is being sent to the volunteer services coordinator. The CAO shall forward a recommendation for disciplinary action to the supervisor of department volunteer services with all pertinent documentation. The volunteer services coordinator shall determine what, if any, disciplinary sanctions are warranted. Within 10 working days of receipt of the recommendation, the supervisor of department volunteer services shall provide written notice of discipline sanctions to the volunteer, CAO, volunteer site coordinator, and volunteer supervisor at all locations where the volunteer was approved to provide services...”

CCC provided two examples of investigations of allegation made against medical personnel. The result of the investigations resulted in two unfounded dispositions. At the conclusion of the investigation it was determined that the inmate’s mental health diagnosis contributed to her making an unfounded allegations against a doctor.

Administrative staff stated that all contractors and volunteers are subject to the same policies as regular employees when it comes PREA. Staff stated volunteer and contractors are expected to abide by the zero-tolerance culture of the facility. They reported they would be barred until the investigation is complete. If they it is found to be substantiated, they would be terminated and not allowed back in the facility.

Auditor reviewed a statewide log that shows staff member, contractors and volunteers that have been disciplined for sexual abuse. The log lists five names from 2014 and none were assigned to CCC.

Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At CCC inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The facility will offer therapy, counseling or other interventions to interrupt that type of behavior. If an inmate makes a report in good faith, there will no disciplinary action.

115.78(a)(b)(c)(d)(e)(f)(g) SOP D1-8.13 Offender Sexual Abuse and Harassment, Section III (M), pages 26 and 27 state, “Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The mental health notification memo (SOP Reference H) will be completed and forwarded to mental health staff for completion prior to concluding the disciplinary hearing. If found guilty of sexual abuse,

the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.”

Policy IS&SOP 19-1.1 Conduct Rules and Sanctions, Section II (Definitions) pages 2 and 3 state, “If the rule violation is a major violation, is serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction.” This policy also defines sexual activity as “Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature.”

This policy also defines forcible sexual misconduct as “Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity.” It defines sexual misconduct as “Engaging with another in any type of sexual activity; Engaging in the self-touching of one's sexual parts in view of others and inappropriately exposing one's sexual parts to others.”

CCC provided a copy of a memo dated August 1, 2013 that was addressed to all Wardens and the subject was “PREA Protocols.” The memo stated, “The date for full compliance with PREA standards is rapidly approaching. When fully implemented, our facilities will be better equipped to detect, prevent, and respond to incidents of offender sexual abuse and harassment. During our DAI Staff meeting yesterday, we discussed the PREA protocols that will move the department towards compliance with the PREA standards. While the procedure revisions are pending, we are implementing the PREA protocols, which were provided to you yesterday, as outlined below: To be implemented for PREA incidents that occur from this day forward: Segregated Housing for Protective Custody, Disciplinary Sanctions and Mental Health...”

CCC reported that they did not have any incidents where an offender was issued a conduct violation for sexual contact with staff after finding that the staff member did not consent to such contact.

CCC reported in the past 12 months they had three administrative findings of guilt on inmate-on-inmate sexual abuse and have had four criminal findings of guilt on inmate-on-inmate sexual abuse at the facility.

Auditor reviewed one investigation from May 2015 of a case of inmate-on-inmate sexual abuse (one inmate placed their buttocks on another and made a sexual comment). This investigation was conducted in a timely manner and the investigator provided a thorough report. The case was determined to be substantiated and referred for prosecution. The case file also included a copy of a request for mental health to “prior to the hearing on the conduct violation, the Adjustment Hearing Board is requesting input from mental health to ascertain if the above mentioned offender has mental health issues or mental disabilities that could be contributing factors for the behavior and any recommendations for programming or services, if applicable.”

Auditor also reviewed an investigation on consensual sexual activity between inmates. This investigation also occurred in May 2015 and was determined to be unfounded.

CCC states that inmates are not punished for making a PREA allegation especially if it is made in good faith. Administration reported this is in MDOC policy.

After visiting with mental health staff, it was reported they do not get the mental health referral until have an inmate is found guilty of sexual misconduct. They also advised there are no consequences if the inmate chooses not to participate in services.

116.78(c) Auditor reviewed the Disciplinary Sanction Sheet that outlined the disciplinary process for forcible sexual abuse. This process outlines the responsibilities of the Adjustment Hearing Board as well as a Qualified Mental Health Professional. The process also states, “PREA mandates that the disciplinary process consider whether an offender’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, shall be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. In this process it also states that an offender will not be issued a conduct violation for sexual misconduct involving a staff member unless the sexual activity is forced upon the staff member by the offender. In addition it states a report of offender sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded.”

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates housed at CCC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to inmates who have previously perpetrated sexual abuse. Informed consent is obtained from inmates unless they are under the age of 18.

115.81(a)(c)(d) SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, "If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting."

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, "If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a QMHP within 14 days of the intake screening. Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18."

Auditor also reviewed the PREA Risk Assessment Manual --- many questions remind users that if marked "yes" they need to contact mental health. For example Question 1 of the Risk Assessment:

1. Have you ever been approached for sex/threatened with sexual abuse while incarcerated? (If the offender offers any information with regards to incident place information in the comments box, it is not necessary to get specific details. Determine if the incident was reported. Has the assailant been added to the victim's enemy listing? Determine if the offender needs Protective Custody or a Mental Health Referral...")

Interviews with inmates stated they knew if they wanted mental health assistance due to a PREA allegation they can request it through their Functional Unit Managers (FUM's.) Inmates stated they have never been denied access to mental health at this facility. Three inmates interviewed, who filed sexual abuse allegations, stated they saw mental health the same day.

Auditor reviewed a "CCC PREA Log" for December 2015. Three referrals were made to mental health based on the inmate reporting prior sexual victimization. Mental health charting files on these incidents included the referral, the charting guide and the signed informed consent by the three inmates. Referrals were made in a timely fashion. Mental health made contact with the inmates within 48 hours of receiving the referral.

115.81(b) CCC also provided copies of the "CCC PREA Log" for December 2015. This log tracks all mental health referrals from coordinated responses and information obtained from the risk assessment. It also tracks the offender name, DOC number, date mental health was notified, whether it was a penetration or non-penetration event, victim or perpetrator, were ongoing services offered as well as an advocate. The December log has 17 entries: 14 coordinated response referrals and three referrals based on reported prior sexual victimization.

115.81(e) Auditor reviewed a “CCC PREA Log” for December 2015. Three referrals were made to mental health based on the inmate reporting prior sexual victimization. Mental health charting files on these incidents included the referral, the charting guide and the signed informed consent by the three inmates. Referrals were made in a timely fashion. Mental health made contact with the inmates within 48 hours of receiving the referral. In reviewing the PREA log for these cases, all were offered the services of an advocate.

Standard 115.82 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmate victims of sexual abuse at CCC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the victim.

115.82(a)(b)(c) Policy SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 18-21 states, “Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment, health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation and hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam.

****SOP The offender will remain in the medical unit until the investigator has determined whether or not the offender needs to go on medical out count.

When a forensic out count is indicated:

a. Health services staff members should contact the shift commander and the community emergency room to arrange transportation in accordance with institutional services procedures regarding offender transportation and specialized ambulatory care. The offender will be held in medical when possible until the arrival of the investigator. Through communication with the hospital, health services staff shall determine when the offender should arrive at the hospital to ensure prompt services. If the offender refuses a forensic exam, medical staff members will educate the offender on importance of forensic exams. If the offender continues to refuse a forensic exam, documentation of the refusal will be noted on the refusal of treatment - no show form.

****SOP A copy of the refusal is to be sent to the PREA site coordinator.

Any emergency treatment provided should be documented, in SOAP format, in the applicable department computer system. Health services staff members should interact with the alleged victim in a neutral and non-judgmental manner. Health services staff members should ask the alleged victim for details of the incident that are important for the provision of health services. The health services related documentation of the alleged assault should be released only to the CAO or designee and the institutional investigator. Alleged victims of offender sexual abuse that consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object

instrument, or penis should be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate. If initial disclosure of offender sexual abuse is made to health services staff members, notification should be made to the shift commander to initiate the coordinated response to offender sexual abuse in accordance with this procedure.

****SOP Health services staff are to also notify the PREA site coordinator. The reported perpetrator's health record will be reviewed by the health services administrator or designee and referred to the physician for appropriate communicable disease diagnostic testing. Upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator will submit a referral and screening note - health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. If the allegation involves penetration and the offender is being out counted for a forensic exam and/or treatment, a QMHP will assess the victim within two hours of the offender returning to the facility. If the allegation involves penetration but the offender is not being out counted due to the amount of time that has elapsed since the time of the incident, a QMHP will assess the offender within two hours of receiving notification from the shift commander. If the allegation involves non-penetration, mental health staff members will receive a referral and screening note - health services from the shift commander and assessment will be offered within the next business day unless emergent events warrants a more immediate response by mental health staff members. During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender's acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal of treatment/ no show form.

****SOP A copy of the refusal of treatment form will be forwarded to the PREA site coordinator to be placed in the PREA event file. If the offender requests an advocate, the QMHP will notify the site advocacy liaison.

****SOP A QMHP will notify the PREA site coordinator in writing or email when victim requests an advocate. PREA site coordinator will subsequently notify the investigative staff of victim's request for advocate. When the victim is out counted to MOSAIC Life Care for a SANE exam the hospital will contact the YWCA for advocacy services. When advocacy hours provided by the YWCA have been exhausted, the PREA site coordinator will notify the chaplain of the victim's request for an advocate. Institutional chaplain will meet with the victim and document the meeting, forward documentation to the PREA site coordinator to be placed in the PREA event file. If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 72 hours within a correctional facility or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include appropriate follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services."

CCC's Coordinated Response to Offender Sexual Abuse addresses medical and mental health responsibilities for a penetration event and a non-penetration event.

For a penetration event:

Medical will:

- Assess the offender and process the medical out count to a hospital that utilizes Sexual Assault Nurse Examiners (SANE) to collect forensic evidence for an examination.
 - The listing of SANE hospitals can be found on the PREA intranet page. .
 - If the alleged victim refuses to submit to a forensic examination after speaking with the investigator, medical will have the offender sign the medical refusal form which will be forwarded to the PREA Site Coordinator to be attached to the PREA Event Checklist.
 - Provide follow-up care upon offender's return from the medical out count.

Mental Health:

- Mental Health will respond within 2 hours of the offender's return from the medical out count.

For a non-penetration event:

- Mental health – Mental Health Referral Form – will respond no later than the next business day

CCC also provided copies of the “CCC PREA Event Log” and “CCC PREA Log for Mental Health”. The PREA Event log had eight entries; one from 2014 and seven from 2015. This log tracks offender name, number, and date of PREA event. It also tracks the date the provider was notified as well as any hospital information. This log has provider referrals but not referrals to outside hospitals. The PREA log for Mental Health tracks the offender name, DOC number, date mental health was notified as well as the name of staff that was assigned. For this standard, the auditor reviewed three months of the “CCC PREA Log for Mental Health” for December 2015, January 2016 and February 2016.

Medical also provided examples of charts demonstrating timely access to medical services. Auditor reviewed a total of five charts dating from June 2015 to January 2016. Each chart had the PREA notification, the day of the referrals, refusal of services if applicable, and the request or refusal for advocacy services. Each mental health referral matched the date of the corresponding PREA notification.

Mental health staff state that services start as soon as they are made aware of the need. They also were able to articulate their first responder responsibilities if something were to happen inside the clinic.

115.82(d) Auditor reviewed the contract requirements the MDOC has with Corizon. Pages 25 and 26 outline Corizon’s obligations when obtaining medical care services from hospitals. The pages 42 – 45 outlines Corizon’s experience with PREA, training regarding PREA, zero tolerance and mandatory reporting requirements if witnessing any form of sexual misconduct. Corizon will not charge victims for any services provided.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC offers medical and mental health evaluations/treatment to all inmates who have been victimized by sexual abuse in any confinement settings. They also offer tests for sexually transmitted infections as medically appropriate. (NOTE: CCC is a female only facility.)

115.83(a)(b)(c)(d)(e)(f) SOP D1-8.13 Offender Sexual Abuse and Harassment, page 21, Section III (G) states, “Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include appropriate follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services.”

Auditor reviewed an example of “Referral and Screening Note – Mental Health/Medical Service.” This referral note had documented observed behaviors, the reason for referral, screening results as well as actions taken by mental health and medical.

Medical also provided examples of charts demonstrating follow up visits had occurred.

CCC did not have any events that involved vaginal penetration which would require a pregnancy test or STI testing in the past 12 months.

Mental Health/Medical Staff stated that physical exams are always done on alleged victims. They always check to see if there is anything that is reportable. They advised that they do provide services that are consistent with the community. They advise they do everything but the forensic exams on site. They compared their services to what a citizen would find at an Urgent Care.

115.83(g) Policy SOP D1-8.13 Offender Sexual Abuse and Harassment states, “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

115.83(h) Medical also provided examples of charts demonstrating that known abusers were referred for mental health evaluations.

Standard 115.86 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigations, unless the allegation is determined to be unfounded. They do this within 30 days of the conclusion of the investigation. Members of the review team include upper-level management, supervisors, investigators, and medical and/or mental health professionals. The members document their findings and any recommendations they may make.

115.86(a) SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 22 and 23, Section III (I) states, “Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded.

115.86(b) SOP D1-8.13 Offender Sexual Abuse and Harassment states, “Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry utilizing the PREA sexual abuse debriefing form and submitted to the department PREA coordinator, CAO, and assistant division director.”

115.86(c) SOP D1-8.13 Offender Sexual Abuse and Harassment states, “The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from supervisors, investigator, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The written report will be prepared by the PREA site coordinator.

115.86(d) Auditor reviewed seven reviews of sexual abuse incidents that resulted from unsubstantiated dispositions. This review included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information on a forensic exam, mental health consultation, and any recommendations. These reviews were also included in the facility’s annual report.

Administration stated that they review each case and look for ways that can be done to make it better for the inmate and for the facility. They use these reviews to their advantage to improve prevention of abuse. These reviews can justify the need for more cameras and can also justify the need for additional staff. The Site Coordinator also reported that the review team will go into the facility and look at the location of the incident to get a better picture of the incident.

115.86(e) SOP D1-8.13 Offender Sexual Abuse and Harassment states, “The facility shall implement the recommendations for improvement, or shall document its reasons recommendations shall not be implemented. The completed report shall be stamped confidential and shall be submitted to the assistant division director with a copy to department’s PREA coordinator. The assistant division director shall forward the report to the division director. A copy of the report shall be filed in the institutional PREA event file for future audits.”

Of the seven incident reviews the auditor looked at, six resulted in no recommendations and one incident resulted in the request for additional cameras in the maintenance department.

Standard 115.87 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data needed to complete the annual Survey of Sexual Violence is collected in the Correctional Information Network (COIN) system. Data is collected and reviewed annually.

115.87(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment states, "Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March. The report shall include: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facility's progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May."

Auditor reviewed examples of monthly incident data from September 2013, December 2013, February 2014, April 2014 and December 2014. Auditor also reviewed the 2014 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2014 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

Administrative staff reported that data is collected monthly and reported annually to the PREA Coordinator.

115.87(e) N/A CCC does not contract for the confinement of its inmates.

115.87(f) CCC completes the SSV each year.

Standard 115.88 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88(a)(b)(c) SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 27 – 28 state, “Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: (1) identified problem areas, (2) recommendations for improvement, (3) corrective action taken, (4) if recommendations for improvements were not implemented, reasons for not doing so, (5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, (6) an evaluation of the need for camera and monitoring systems, (7) in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to the:

- (A) the staffing plan,
- (B) the deployment of video monitors, and
- (C) the resource availability to adhere to the staffing plan.

The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

Agency Report: The PREA coordinator shall prepare an annual report compiling each facility’s current year’s data and corrective actions. The report shall include: (1) a comparison with prior year's data, (2) corrective actions, and (3) an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.

Auditor reviewed the statewide annual report as well as the report as it relates specifically to CCC.

Auditor reviewed the 2014 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2014 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

115.88(d) SOPD1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department’s annual PREA report shall be made available to the public on the department’s internet website.”

Standard 115.89 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89(a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

115.89(b) SOPD1-8.13 Offender Sexual Abuse and Harassment, page 28 states, “The department's annual PREA report shall be made available to the public on the department's internet website.”

Auditor reviewed the MDOC 2014 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

115.89(c) SOPD1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The

department's annual PREA report shall be made available to the public on the department's internet website."

115.88(d) According to the Agency Records Disposition Schedule (Inspector General Section), this information is retained for five years, and then it is destroyed.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

/s/ Elisabeth M. Copeland

07/27/2016

Auditor Signature

Date

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name:			
Address:			
Email:			
Telephone number:			
Date of facility visit:			
Facility Information			
Facility name:			
Facility physical address:			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number:			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer:			
Number of staff assigned to the facility in the last 12 months:			
Designed facility capacity:			
Current population of facility:			
Facility security levels/inmate custody levels:			
Age range of the population:			
Name of PREA Compliance Manager:		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency:			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name:		Title:	
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name:		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE

DESCRIPTION OF FACILITY CHARACTERISTICS

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:

Number of standards met:

Number of standards not met:

Number of standards not applicable:

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.12 Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.13 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.14 Youthful inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.15 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.17 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.18 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.31 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.32 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.35 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.41 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.42 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.43 Protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.51 Inmate reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.52 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.53 Inmate access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.54 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.61 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.62 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.63 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.64 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.65 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.67 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.68 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.71 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.72 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.73 Reporting to inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.77 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.82 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.86 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.87 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.88 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.89 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

AUDITOR CERTIFICATION

I certify that:

- ☐ The contents of this report are accurate to the best of my knowledge.
- ☐ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☐ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Signature

Date

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility:		Ozark Correctional Center	
Physical address:		929 Honor Camp Lane, Fordland MO 65652	
Date report submitted:		June 30, 2016	
Auditor Information		Shannon Butrum	
Address:		PO Box 337 Pewee Valley KY 40056	
Email:		shannon.butrum@ky.gov	
Telephone number:		502-241-8454	
Date of facility visit:		June 7 th -9 th , 2016	
Facility Information		Ozark Correctional Center	
Facility mailing address: <i>(if different from above)</i>		Same	
Telephone number:		(417)767-4491	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager: Marty Sirmons		Title:	Deputy Warden
Email address: marty.sirmons@doc.mo.gov		Telephone number:	417-767-4491
Agency Information			
Name of agency:		Missouri Department of Corrections	
Governing authority or parent agency: <i>(if applicable)</i>		Missouri Department of Corrections	
Physical address:		2729 Plaza Drive, P.O. Box 236 Jefferson City, MO 65102	
Mailing address: <i>(if different from above)</i>		Same	
Telephone number:		573 751-2389	
Agency Chief Executive Officer			
Name: George Lombardi		Title:	Director
Email address: george.lombardi@doc.mo.gov		Telephone number:	573 526-6607
Agency-Wide PREA Coordinator			

Name: Vevia Sturm	Title:	PREA Coordinator
Email address: vevia.sturm@doc.mo.gov	Telephone number:	573-522-3335

AUDIT FINDINGS

NARRATIVE:

The site visit for the PREA Audit of the Ozark Correctional Center was conducted on June 7th through 9th 2016. The audit team consisted of Audit Chair, Shannon Butrum KDOC/DOJ Certified PREA Auditor with two support staff consisting of Brad Adams KDOC/DOJ Certified PREA Auditor and Shea Holliman KDOC/DOJ Certified PREA Auditor. During the Pre-Audit phase, the team reviewed standard documentation as well as the facilities Pre-Audit Questionnaire.

An entrance meeting was held at the beginning of the on-site visit with the following staff in attendance: MDOC Assistant PREA Coordinator Adam Albach, Warden Brian O'Connell, Deputy Warden Marty Sirmons, Deputy Warden Stan Jackson and Chief of Custody Johnny Burkdoll. Introductions were given and discussion was held of the teams schedule including touring the facility, following the recommended tour guide from the PREA Resource Center, and interviewing the necessary staff and inmates.

During the three day on-site portion of the audit, the team completed file review follow-up, toured the facility and conducted formal staff and inmate interviews.

The team interviewed 22 inmates consisting of 10 inmates randomly chosen from all housing units, 3 disabled and limited English proficient inmates, 5 inmates who disclosed sexual victimization during risk screening, 2 inmates who had reported sexual abuse and 2 gay or bi-sexual inmates. In addition, the team interviewed 48 staff which included the Warden, PREA Coordinator, PREA Compliance Manager, Agency Contract Administrator, 2 Incident Review Team members, 1 staff member that is charged with monitoring retaliation, 1 staff member from Human Resources, 2 Intake Staff, 7 Medical and Mental Health staff, 11 staff members randomly chosen from all three shifts, 2 staff members that perform the screening for risk of victimization and abusiveness, 2 investigative staff, 1 staff member who supervised inmates in segregation, 5 staff members that have acted as First Responders, 6 intermediate or high-level supervisory staff, 2 contractors and 2 volunteers.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Ozark Correctional Center is located in Fordland, Missouri approximately 30 miles east of Springfield and 210 miles southwest of St. Louis. The facility occupies an 80 acre site in Webster County.

OCC is a minimum security treatment facility that houses approximately 750 male offenders. OCC operates a long term substance abuse program that provides 12-24 months of intensive treatment. The facility is enclosed by a single security fence system.

SUMMARY OF AUDIT FINDINGS:

A debriefing was held on June 9th with the warden and executive staff to disclose the team’s findings. The team found the facility compliant on all applicable PREA standards. The staff at OCC were well versed in PREA Standards and knew their duties and responsibilities in preventing, detecting and responding to allegations of inmate Sexual Abuse and/or Sexual Harassment. OCC provided good documentation to show consistent institutional practices along with corroborating interviews which showed compliance.

The inmates interviewed appeared to be well educated in PREA to include, knowledge of the agencies zero-tolerance policy on sexual abuse and sexual harassment which also includes retaliation for reporting such, throughout OCC PREA information is made continuously available which includes the agencies policy of zero-tolerance, how to report and victim advocacy services.

Each standard below will have justifications for compliance and recommendations for consideration.

Number of standards exceeded:	2
Number of standards met:	40
Number of standards not met:	0
Not Applicable:	1

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs for the agency to have a written policy mandating zero-tolerance towards all forms of sexual abuse and sexual harassment. In addition, it requires the agency to designate an agency-wide PREA coordinator with each facility designating a PREA Compliance manager.

The Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment clearly outlines the agency’s zero-tolerance of sexual abuse and sexual harassment. The department has a state-wide PREA Coordinator while each facility, including Ozark Correctional Center, has designated a PREA Compliance Manager.

§115.12 - Contracting with other entities for the confinement of inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs that the Missouri Department of Corrections include in awarded or renewed contracts that the contracted entity is to adopt and comply with PREA standards. In addition, the standard requires monitoring for compliance of the entity.

Ozark Correctional Center provided examples of agency contracts which directly utilize the language for PREA compliance for the contracted entity. The Missouri Department of Corrections also has staff designated to ensure compliance of the contracted entity.

§115.13 – Supervision and Monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs that each facility shall develop, document and comply on a regular basis with a staffing plan that provides for adequate levels and where applicable, video monitoring, to protect inmates against sexual abuse. It requires the facility to document and justify when the staffing plan is deviated from. In addition, it requires annual reviews to determine if adjustments are needed. It requires the agency to have a policy and practice of having intermediate level or higher level supervisors conduct and document unannounced rounds to identify and deter staff to offender sexual abuse and sexual harassment. The policy shall also prohibit staff from alerting other staff that the supervisory rounds are being made.

Ozark Correctional Center has a documented staffing plan that was prepared by the Missouri Department of Corrections. All required components of this standard are included. The facility has not deviated from the established staffing plan as OCC has mandatory posts that are maintained.

Agency policy SOPD1-8.13 Offender Sexual Abuse and Harassment clearly specifies that supervisors are required to conduct unannounced rounds and that staff are prohibited from alerting others these rounds are occurring. OCC provided examples of documentation to show established institutional practices of this occurring and staff interviews corroborated compliance.

§115.14 – Youthful Inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Not Applicable - The Missouri Department of Corrections does not house youthful offenders at the Ozark Correctional Center.

§115.15 – Limits to Cross-Gender Viewing and Searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard has six components. Part (a) directs that facilities shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Part (b) states for a facility whose capacity doesn't exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances and that female inmates shall have access to regularly available programming or other opportunities. Part (c) states the facility shall document all cross-gender searches. Part (d) states the facility shall implement policies and procedures that enable inmates to shower, perform bodily functions and change clothing without nonmedical opposite gender staff viewing their breasts, buttocks or genitalia, except in exigent circumstances. In addition, policy shall require staff of the opposite gender to announce their presence when entering housing areas. Part (e) states the facility shall not search or physically examine transgender or intersex inmates for the sole purpose of determining genital status. Part (f) states the agency shall train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner.

Missouri Department of Corrections policy IS20-1.3 Searches outlines the departments protocol for searching inmates that includes cross-gender pat-down and body-cavity searches. All such searches are documented as directed by this policy.

Agency policy SOPD1-8.13 Offender Sexual Abuse and Harassment directs staff of the opposite gender of the inmate population to announce their presence when entering housing units and enables inmates to shower, perform bodily functions and change clothing without being viewed by non-medical opposite gender staff. During the on-site tour it was observed that Ozark Correctional Center provides sufficient privacy for inmates to shower, perform bodily function and change clothing.

SOPD1-8.13 Offender Sexual abuse and Harassment also prohibits searching or physically examining transgender and intersex inmates for the sole purpose of determining their genital status.

Staff interviews and documentation provided showed cross-gender announcing to be in good practice and institutionalized. This was also observed during the on-site tour.

OCC security staff have all been trained in the searching criteria of transgender and intersex inmates. Acknowledgment forms are maintained to document completion of this training.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard states that the agency shall take appropriate steps to ensure inmates with disabilities have an equal opportunity to participate or benefit in all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such steps include providing interpreters who can effectively communicate with inmates who are deaf or hard of hearing. In addition, the agency shall ensure written materials are provided in formats or through methods for those who are blind, mentally or intellectually disabled. This standard also prohibits the use of inmate interpreters except in limited circumstances.

Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment directs that inmates with disabilities have equal opportunities to all the departments efforts to prevent, detect and respond to sexual abuse and sexual harassment.

Ozark Correctional Center has PREA information readily available throughout the facility in means of posters and brochures that are available in multiple languages. Interpreter Services are available and the department has contracts with them if the need arises for their services. OCC has signs posted throughout the facility notifying the inmates that interpreter services are available.

Documentation provided and staff and inmate interviews showed compliance of this standard as staff knew the responsibility of ensuring inmates with disabilities receive this information and inmates knew PREA information is given and is continuously available.

§115.17 – Hiring and Promotion Decisions

☒ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard has 8 different sections. Part (a) states that agencies shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who has engaged in sexual abuse in confinement settings, has been convicted of engaging or attempted sexual activity in the community facilitated by force or threats of force, coercion or if the victim was unable or did not give consent, or has been civilly or administratively adjudicated to have engaged in such activity. Part (b) states the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlisting the services of a contractor who may have contact with inmates. Part (c) states before hiring new employees who have contact with inmates the agency shall perform criminal background checks and contact prior institutional employers for information on substantiated allegations of sexual abuse or pending investigations of allegations of sexual abuse. Part (d) states the background checks also apply before enlisting the services of contractors. Part (e) states the background checks shall occur at least every 5 years. Part (f) states the agency shall ask all applicants the components of section (a) on applications or interviews for hiring and promotions. Part (g) states providing false information shall be grounds for termination. Part (h) states the agency shall provide information on substantiated allegations upon request from an institutional employer.

The Missouri Department of Corrections has state applications which include the required questions concerning prior acts or attempted acts of engaging in sexual abuse or harassment in confinement or in the community. It also states providing false information would be grounds for termination.

Missouri Department of Corrections policy D2-2.2 Background Investigations directs for these checks to be completed before hiring or promoting staff. Ozark Correctional Center provided good documentation and staff interviews corroborated. OCC has multiple checks and balances in place to ensure that required questions are asked and checks completed prior to employment at their facility. OCC also conducts annual checks on all staff during their birth months, far exceeding the requirements in section (e) of the standard. Checks are also completed prior to enlisting the services on contractors. Agency employee handbooks direct the continuing affirmative to disclose any such behavior as described above.

§115.18 – Upgrades to Facilities and Technology

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs when any new facility or any substantial expansions or modifications of existing facilities, the agency shall consider the design, acquisition, expansion or modification upon the agency's ability to protect inmates from sexual abuse. In addition, when installing or updating video monitoring systems or other monitoring, the agency shall consider how it

may enhance the agency's ability to protect inmates from sexual abuse.

Agency policy D4-4.8 Security Camera Operations incorporates language for installing or updating monitoring systems. Ozark Correctional Center reported no expansions or facility modifications but did report camera and monitoring additions that were documented with inmate protection in mind.

§115.21 – Evidence Protocol and Forensic Medical Examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard has 8 sections. Part (a) states the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions where applicable. Part (b) states the protocol shall be developmentally appropriate for youth where applicable. Part (c) states the agency shall offer all victims of sexual abuse access to forensic medical examinations without financial costs. Such forensic exams shall be performed by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners where possible, when these examiners aren't available other qualified medical staff can perform the exam. Part (d) states the agency shall attempt to make available to the victim a victim advocate from a rape crisis center or qualified agency staff member. Part (e) states when requested by the victim, the victim advocate or staff member shall accompany and support the victim through the forensic medical exam and investigatory interviews. Part (f) states when the agency isn't responsible for investigating allegations of sexual abuse it shall request the investigating agency to follow the requirements of sections (a) through (e). Part (g) states the requirements of sections (a) through (f) shall also apply to any State entity outside of the agency and any Department of Justice component, Part (h) states for the purpose of this section, a qualified agency staff member or qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in the role of victim advocate and has received education concerning sexual assault and forensic examinations.

Missouri Department of Corrections policy D1-8.8 Evidence Collection, Accountability and Disposal directs protocols for administrative and criminal investigations. Ozark Correctional Center offers all victims of sexual abuse access to a Forensic Medical Examination at an outside hospital. OCC's Chaplain serves in the role of victim advocate and has been appropriately trained to do so.

Policy D1-8.13 Offender Sexual Abuse and Harassment directs that victims have access to a victim advocate and when requested can accompany them at the exam and investigatory process.

Documentation was provided of this practice and Staff interviews corroborated knowledge of this standard.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard states that agencies shall ensure that an Administrative or Criminal investigation is completed for all allegations of sexual abuse and sexual harassment. It directs a policy be in place to ensure that allegations of sexual abuse or sexual harassments are referred for investigation to an agency with the legal authority to conduct criminal investigations. The agency shall publish such policy on its website. In addition, it states any state entity responsible for conducting Administrative or Criminal investigations of sexual abuse or sexual harassment shall have a policy in place governing the conduct of such to include department of Justice components when applicable.

Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment ensures that all allegations of Sexual Abuse and Sexual Harassment are investigated. The Inspector General's office is responsible for such investigations of criminal behavior and has the proper authority to do such.

Staff interviews of Investigators corroborated this practice and Ozark Correctional Center's investigators were trained appropriately to do so in reference to standard 115.34.

§115.31 – Employee Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard states all agencies shall train all employees who may have contact with inmates on its zero-tolerance policy, how to fulfill their responsibilities, Inmates rights, rights of employees and inmates to be free from retaliation, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively with all inmates, how to comply with relevant laws related to mandatory reporting. In addition, it directs for the training to be tailored to the gender of the inmate population and for agencies to keep electronic verification or signature of the training received.

Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment outlines this training as a requirement for all staff. The department's lesson plan's are well-written and are tailored to the gender of the inmate population at the facility.

The Ozark Correctional Center reported all staff have received such training and documentation was provided of such in the form of Acknowledgement Forms. Staff interviews corroborated that the training has been completed for all.

§115.32– Volunteer and Contractor Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs for agencies to ensure all volunteers and contractors who have contact with inmates be trained on their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures. In addition, the agency shall maintain documentation confirming that volunteers and contractors have understood the training they have received.

Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment requires specific training for volunteers and contractors. The curriculum taught is sufficient in meeting their roles and responsibilities in accordance with agency policy. The agency and each facility maintains Acknowledgment forms of this training and volunteer interviews corroborated that the training has been completed.

§115.33 – Inmate Education

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs for inmates to receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions. Inmates are to be educated within 30 days of intake and provided comprehensive education of their rights to be free from sexual abuse and sexual harassment. This information should be in formats accessible to all including inmates who are mentally, physically disabled as well as limited English proficient. Documentation of this education shall be kept and key information shall be made readily available continuously.

Policy SOPD 1-8.13 Offender Sexual Abuse and Harassment stipulates all inmates including those disabled and limited English proficient receive education in formats they can understand. Ozark Correctional Center provides education by video, brochures, posters, transcripts, braille and large print as well as multiple languages when applicable and provided documentation that this normally occurs within a few days or sooner after arrival.

OCC provided good documentation of this standard in the form of acknowledgment forms signed by the inmates receiving PREA information and education. In addition, inmate interviews corroborated this practice as being institutionalized. The process was also observed during the on-site portion of the audit.

§115.34 – Specialized Training: Investigations

☒ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs that agencies train sexual abuse investigators in techniques that include interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Missouri Department of Correction policy SOPD1-8.13 Offender Sexual Abuse and Harassment requires specialized training for assigned PREA investigators for the department. MDOC lesson plans for this specialized training exceed expectation and are very thorough covering all aspects of this standard and much more.

The Inspector General's office which is a part of the MDOC is tasked with this responsibility. Ozark Correctional Center provided documentation of their facility based investigators completing this training.

§115.35 – Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs that agencies shall ensure all medical and mental health staff who work regularly with inmates receive training on the following; How to detect signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims, how and to whom to report allegations or suspicions, when applicable, on how to conduct forensic exams. In addition, documentation shall be kept of this training of staff participation and they also receive other training requirements expected of all staff.

Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment requires this specialized training for all medical and mental health staff. Currently

Ozark Correctional Center medical staff do not perform forensic exams. If the need arises the inmate is taken to an outside hospital free of cost to the inmate.

Medical and Mental Health staff interviews corroborated that all have received this specialized training. Staff were very knowledgeable of their responsibilities involving medical and mental health treatment and counseling for sexual abuse victims and perpetrators. Documentation provided also corroborated that OCC Medical and Mental Health staff had completed both the specialized training and the training required of all employees.

§115.41 – Screening for Risk of Victimization and Abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs that all inmates be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive towards other inmates. It requires that the screening ordinarily take place within 72 hours of the inmates arrival at the facility and be conducted using an objective screening instrument. It also requires that within a set period of time, not to exceed thirty (30) days from the inmates arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. It is also required that the inmate's risk level be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. In addition, the standard directs that inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to the above screening. Lastly, the standard requires the agency to implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to the standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harrassment and IS5-2.3 Offender Internal Classification requires that all inmates be assessed within 72 hours of transfer and again within 30 days of the inmate's arrival and covers all of the components required by the standard. Ozark Correctional Center provided examples of documentation to show established institutional practices of the required assessments occurring. Staff and inmate interviews also corroborated compliance.

§115.42 – Use of Screening Information

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard requires that the agency use information from the risk screening required by standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive while making individualized determinations about how to ensure the safety of each inmate.

Agency policy D1-8.13 Offender Sexual Abuse and Harassment covers all components of this standard which requires the facility to make individualized determinations about how to ensure the safety of each inmate. Ozark Correctional Center provided documentation that showed an established institutional practice of using risk screening information for housing, bed, work, education, and programming assignments that were all corroborated by staff interviews.

It is recommended that OCC work and programming supervisors ensure they continue to stay up to date on the inmates assigned to their areas and follow the practice in place by executive staff.

The standard also requires that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing/programming assignments, that the agency consider on a case by case basis whether a placement would ensure the health and safety of the inmate or would present management or security problems. In addition, the placement and programming assignments must be reassessed at least twice each year to review any threats to safety experienced by the inmate. The standard requires that a transgender or intersex inmate's own views with respect to their own safety be given serious consideration and that transgender and intersex inmates be given the opportunity to shower separately from other inmates. Lastly, this standard directs that gay, bisexual, transgender and intersex inmates not be placed in dedicated facilities, units or wings solely based on such identification or status unless such placement is established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protection.

Although OCC had no examples of transgender or intersex inmates being housed at their facility during the review period it was clear that policies were in place to cover the requirements of the standard when the need arises. Agency policies IS 5-3.1 Offender Housing Assignments covers all of the components of sections c-g of this standard in detail.

§115.43 – Protective Custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs that inmates at high risk for sexual victimization not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination made that there is no available alternative means of separation from likely abusers. It also requires that inmates placed in involuntary segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible and that any restriction of these be documented.

Although Ozark Correctional Center had no examples of inmates at high risk of sexual victimization being placed in involuntary segregation during the review period it was clear that policies were in place to cover the requirements of the standard if the need arises. Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harrassment directs the requirements of the standard should the use of temporary involuntary segregation be utilized.

§115.51 – Inmate Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard requires the agency to provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting, and staff neglect that may have contributed to such incidents. In addition, it requires at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. This standard also directs that staff accept reports made verbally, in writing, anonymously, and from third parties, documenting them all promptly. Lastly, this standard directs that a nethos for staff to privately report sexual abuse or harassment of inmates be provided.

Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harrassment specifies the required multiple ways for inmates to report In addition, Ozark Correctional Center provided examples of documentation to show multiple reporting methods provided to the inmates, to include posters, brochures and flyers, and of these reporting methods being utilized. Flyers were observed posted at each phone and in the housing units. Staff and inmate interviews also corroborated compliance as staff knew their responsibilities in accepting and documenting reports and inmates knew the multiple ways of reporting.

§115.52 – Exhaustion of Administrative Remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

This standard directs the agency, when it has administrative procedures to address inmate grievances regarding sexual abuse, that it not impose a time limit on when an inmate may submit a grievance regarding sexual abuse; that it not require an inmate to use an informal grievance process; that an inmate may submit the grievance without submitting it to a staff member that is the subject of a complaint and that the grievance is not referred to the staff member that is the subject of the complaint. The standard also requires that the agency issue a final decision on a grievance alleging sexual abuse within 90 days of the initial finding; that third parties be permitted to assist inmates in filing grievance regarding allegation of sexual abuse; and that the agency establish procedures for the filing of emergency grievances.

Agency policies D1-8.13 Offender Sexual Abuse and Harassment and D5-3.2 Offender Grievance clearly outline the grievance process and includes all of the required components of the standard. There were no grievances filed in the past 12 months at the Ozark Correctional Center related to sexual abuse; however, it is clear through staff and inmate interviews that there is a system in place in compliance with this standard.

§115.53 – Inmate Access to Outside Confidential Support Services

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard requires that the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by providing the inmates with mailing addresses and telephone numbers, including toll-free hotline numbers and that the facility enable reasonable communication between the inmate and these organizations in a confidential manner as possible. It further requires that the facility inform inmates of the extent to which such communications will be monitored and to which reports of abuse will be forwarded to authorities with mandatory reporting laws. Lastly, the standard directs that the agency maintain or attempt to enter into memoranda of understanding with community service providers to provide inmates with confidential emotional support services related to sexual abuse.

Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harassment outline access of victim advocates to inmates. Ozark Correctional Center provided examples of flyers for Just Detention International and Rape, Abuse and Incest National Network that provide the required contact information provided to inmates. This was verified visually during the audit tour as well as corroborated by inmate interviews. In addition, OCC provided documentation to show attempts to enter into memoranda of understanding for advocate services, that as of the date of the audit had been unsuccessful. Currently OCC is providing advocate services to their inmate population by having their Chaplain trained to provide this service.

§115.54 – Third-Party Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard requires the agency to establish a method to receive third-party reports of sexual abuse and sexual harassment and that information on how to report on behalf of an inmate be distributed publicly.

Ozark Correctional Center provided documentation of the agency website information which outlines how friends and family or others can report allegations on behalf of the inmates. There were no examples of this occurring during the review period. In addition, OCC staff interviews showed knowledge possessed of accepting these reports made by third parties as well as investigators proceeding normally in their duties as other reported allegations.

§115.61 – Staff and Agency Reporting Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs that the agency requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who report such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The standard also requires that apart from reporting to designated supervisors or officials, that staff not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigate, or make security and management decisions. It requires that medical and mental health practitioners be required to report sexual abuse unless otherwise precluded by Federal, State or local law. It requires that if an alleged victim is under the age of 18 or considered a vulnerable adult, that the agency report the allegation to the designated State or local services agency. Lastly, it requires that the facility report all allegations of sexual abuse or sexual harassment, including third party and anonymous reports, to the facility's designated investigators.

Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harassment clearly requires staff reporting and outlines that failing to do so is a class A misdemeanor. In addition, agency policy

IS 11-32 Receiving Screening – Intake Center outline required reporting for health services staff as well as guidelines for instance involving individuals under the age of 18.

Ozark Correctional Center provided examples of documentation to show an established reporting practice. Staff interviews also corroborated compliance. Good awareness was possessed of their roles and responsibilities related to reporting and response.

§115.62 – Agency Protection Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard requires that when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, that it take immediate action to protect that inmate.

Although Ozark Correctional Center had no examples during the review period, where the facility learned that an inmate was subject to substantial risk of sexual abuse, it was clear that policies were in place to cover the requirements of the standard if the need arises. Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harrassment clearly outlined steps to take should the facility learn that an inmate was subject to substantial risk of sexual abuse. OCC staff knew their role and responsibilities to protect inmates who were at risk of being sexually abused and the steps to take to help protect these individuals.

§115.63 – Reporting to Other Confinement Facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard requires that when the facility receives an allegation that an inmate was sexually abused while confined at another facility, that the head of the facility receiving the allegation notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. The standard directs that such notification be provided no later than 72 hours after receiving the allegation and that the provided notification be documented. In addition, the standard requires that the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with the standards.

Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harrassment outlines the steps to take should the facility receive information that an inmate has been sexually abused while assigned at another facility. Ozark Correctional Center provided examples of documentation

to show an established institutional practice of this occurring. Staff interviews also corroborated compliance.

§115.64 – Staff First Responder Duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report be required to separate the alleged victim and abuser and preserve and protect any crime scene. It also requires that if the abuse occurred in a time frame that allows for the collection of physical evidence that they request that the alleged victim not take any actions that could destroy physical evidence and ensure that the alleged abuser doesn't take any actions that could destroy physical evidence. Lastly, the standard requires that if the first responder isn't security staff, that the responder be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harrassment clearly defines the teps to be taken by staff first responders that covers all the required componants of the standard. Ozark Correctional Center had no examples to provide during the review period but staff interviews showed excellent knowledge pertaining to response requirements.

§115.65 – Coordinated Response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs that the facility develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse.

Ozark Correctional Center has a documented institutional plan to coordinate actions among first reposnders, medical and mental health staff, investigators and facility leadership. The plan is facility specific.

§115.66 – Preservation of ability to protect inmates from contact with

abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation.

Agency policy D2-11.6 Labor Organizations clearly requires that the department not enter into or renew any collective bargaining agreements or other agreements that limit their ability to remove alleged staff sexual abusers from contact with inmates as required by the standard. The current labor agreement between the agency and the Missouri Corrections Officers Association was reviewed and meets the requirements of the standard.

§115.67 – Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs the agency to establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or who cooperate with an investigation from retaliation by other inmates or staff and to designate which staff member or department are designated for monitoring retaliation.

Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harassment clearly specifies the requirements for retaliation monitoring for both inmates and staff covering all the components of the standard. Ozark Correctional Center has designated staff to monitor for retaliation and provided examples of documentation to show an established practice of inmate monitoring. Staff and inmate interviews also corroborated compliance. OCC has had no instances of staff monitoring during the review period.

§115.68 – Post-Allegation Protective Custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard requires that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of standard 115.43.

Although Ozark Correctional Center had no examples of inmates alleged to have suffered sexual abuse being placed in involuntary segregation during the review period it was clear that policies were in place to cover the requirements of the standard if the need arises. Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harrassment directs the requirements of the standard should the use of temporary involuntary segregation be utilized.

§115.71 – Criminal and Administrative Agency Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard has 12 sections, with (k) and (l) noted as non-applicable. Part (a) states that an agency who conducts its own investigations shall do so promptly, thoroughly and objectively for all allegations, including third-party and anonymous reports. Part (b) mandates that all agency investigators receive specialized training in sexual abuse investigations in accordance with 115.34. Part (c) details gathering and preserving direct and circumstantial evidence. This includes physical and DNA evidence, electronic monitoring data, interviewing alleged victims, suspected perpetrators, and witnesses. Prior complaints and reports of sexual abuse involving the suspected perpetrator shall also be reviewed. Part (d) states that the agency shall conduct compelled interviews only after consulting with prosecutors as to whether the interviews may be an obstacle for criminal prosecution when the quality of evidence appears to support criminal prosecution. Part (e) addresses the credibility of an alleged victim, suspect and witness. Assessments shall be on an individual basis and shall not be determined by inmate or staff status. Further, no agency shall require an inmate who alleges sexual abuse to submit to polygraph examinations or other truth-telling devices as a condition for proceeding with an investigation of an allegation. Part (f) addresses administrative investigations, stating that they shall include an effort to determine whether staff actions or the failures to act contributed to the abuse. These investigations shall be documented in written reports that include evidence, reasoning behind credibility assessments, facts and findings. Part (g) outlines that criminal investigations shall be documented in a written report and contain a thorough description of evidence with copies of all documentary evidence attached where feasible. Part (h) states that substantiated conduct allegations that appear criminal shall be referred for prosecution. Part (i) requires the agency to maintain written reports referenced in (f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Part (j) states that an investigation shall not be terminated based on the departure of the alleged abuser or victim from the employment or control of the facility or agency.

Missouri Department of Corrections policy D1-8.1 Investigation Unit Responsibilities and Actions and D1-8.4 Administrative Inquiries outline the requirements set forth in this standard. Policies address prompt investigations into allegations of sexual abuse and harassment. Trained investigators within the Inspector General's (IG) Office conduct all criminal PREA Investigations. Investigations are very thorough, including preservation of evidence, electronic monitoring, interview/record reviews and retention as specified. Investigations are not terminated after departure of alleged victim/abuser. The IG refers to prosecutors when appropriate and reports to the Department Director. Administrative investigations include determination of staff actions (or lack

thereof) and written documentation of evidence. The credibility of alleged victims, suspects or witnesses are addressed on an individual basis.

Missouri Department of Correction policies SOPD1-8.1 Investigation Unit Responsibilities and Actions and SOPD1.8.4 Administrative Inquiries address the use of polygraph/truth telling devices. It appears that both policies are silent in reference to proceeding with an investigation of an allegation. There were no substantiated allegations of conduct that were referred for prosecution during the review period. However, staff interviews confirm that truth telling devices are not used, nor would they be used as a condition of an investigation. Interviews supported understanding of this standard.

§115.72 – Evidentiary Standard for Administrative Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard states that the agency shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Missouri Department of Corrections policy SOPD 1-8.4 Administrative Inquiries details this standard. Investigators were familiar with the preponderance of evidence requirement. Investigative reports were provided that noted the same for sexual harassment cases. However, there were no sexual abuse cases during the review period.

§115.73 – Reporting to Inmate

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard has 6 sections, with part (b) and (f) noted as non-applicable. Part (a) mandates the agency to inform the inmate of the investigative determination (substantiated, unsubstantiated, or unfounded) after alleging suffered sexual abuse in a facility. Part (c) states that following an inmate's allegation that a staff member has committed sexual abuse, the agency shall inform the inmate (unless unfounded) whenever the staff member is no longer posted within the inmate's unit; no longer employed at the facility; has been indicted or convicted on a charge related to sexual abuse within the facility. Part (d) states that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall inform the alleged victim that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. Part (e) states that all such notifications or attempted notifications are documented.

Missouri Department of Corrections policy SOPD 1-8.13 Offender Sexual Abuse and Harassment addresses notification to the inmate of substantiated, unsubstantiated or unfounded allegations. Practice was verified through documented notifications and interviews. Although Ozark Correctional Center reported that no inmates were prosecuted in this review period, documentation utilized shows a uniformed format in place to notify the inmate should there be such an occurrence.

§115.76 – Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Further, termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of policy (other than actually engaging in sexual abuse) shall consider the nature and circumstances of the act, the staff member's disciplinary history and comparable sanctions imposed for comparable offenses by other staff with similar histories. All terminations and resignations by staff for violations of agency sexual abuse and sexual harassment policies shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal.

Missouri Department of Corrections policy SOPD 1-8.13 Offender Sexual Abuse and Harassment mandates employee discipline as outlined in the standard. There were no staff terminations or discipline for violating the sexual abuse/sexual harassment policies during the review period. Staff interviews showed a good working knowledge of disciplinary sanctions.

§115.77 – Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates. Reporting to law enforcement and relevant licensing bodies shall occur, unless the activity was clearly not criminal. The facility will also take appropriate remedial measures when considering whether to prohibit further inmate contact in the case of any other agency violation of sexual abuse or sexual harassment.

Missouri Department of Corrections policy SOPD 1-8.13 Offender Sexual Abuse and Harassment addresses this standard in conjunction with policy D2-13 .1. Ozark Correctional Center reported no instances of contractor or volunteer sexual misconduct during the review period. Interviews confirmed training on this matter. Policy and interviews addressed the remedial measures in place should there be an occurrence.

§115.78 – Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard has 7 sections. Part (a) states that inmates shall be subject to disciplinary sanctions through a formal disciplinary process following administrative or criminal findings of inmate-on-inmate sexual abuse. Part (b) outlines that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Part (c) prescribes that an inmate's mental disabilities or mental illness shall be considered in the disciplinary process and when issuing sanctions. Part (d) states that the facility shall consider whether to require the offending inmate to participate in therapy, counseling or interventions as a condition of access to programming or other benefits. Part (e) states that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. Part (f) addresses disciplinary actions and reports of sexual abuse in good faith. Reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish substantiation. Part (g) gives the agency discretion to prohibit all sexual activity between inmates and issue disciplinary action upon determination that the activity was not coerced.

Missouri Department of Corrections policy SOPD 1-8.13 Offender Sexual Abuse and Harassment outlines disciplinary sanctions and language of the standard. Mental Health notifications are forwarded prior to disciplinary hearing, with staff input noted. An issued directive further addresses the procedure. Ozark Correctional Center reported no instances of inmate on staff sexual abuse/contact during the review period.

§115.81 – Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard states that prior sexual abuse victims and perpetrators (whether abuse or victimization occurred in an institutional setting or in the community) shall be offered a follow-up meeting with a mental health practitioner within 14 days of intake screening. If sexual victimization is identified at screening, a follow-up with a medical practitioner shall also occur within 14 days. Any information related to sexual abuse victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary for security and management decisions. The standard further directs medical and mental health practitioners to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Missouri Department of Corrections policy IS11-32 Receiving Screening – Intake Center addresses the screening process for both those that have experienced prior sexual victimization and those that have perpetrated sexual abuse, whether occurring in an institutional setting or in the community. Follow-up is conducted within 14 days of intake. Ozark Correctional Center notes 100% compliance in both areas. Policy IS11-32 also addresses the need to notify case management staff to ensure management decisions.

This is noted on the Mental Health consent form. Practice was confirmed through assessment reports and lists, mental health notes/reports and staff interviews.

§115.82 – Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard states that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Security staff first responders shall take preliminary steps to protect the victim pursuant to 115.62 and shall immediately notify the appropriate medical and mental health practitioners of the abuse when they are not on duty at the time of the report. Inmate victims of sexual abuse shall be offered timely information about and timely access to sexually transmitted infections prophylaxis in accordance with professional standards of care and when medically appropriate. Treatment services shall be provided to the victim without cost regardless if the victim names the abuser or cooperates with the investigation.

Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment addresses timely services to emergency medical treatment and security staff first responders. The institutional Coordinated Response also addresses this protocol. Mental Health staff is on call and shall respond within 2 hours per the coordinated response. The Chaplain currently provides crisis intervention services. The institution offers 24 hour medical care with access to outside hospital SANE/SAFE exams. Treatment services are provided at no cost and consistent with the community level of care.

Documentation of mental health logs/ notes/referrals, Corizon PREA assistance/support and staff interviews support practice. Ozark Correctional Center reported no inmate-on-inmate sexual abuse in the review period.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard has 8 sections, with d and e being non-applicable to an all-male facility. The standard states that the facility shall offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Evaluations and treatment of such victims shall include follow-up services, treatment plans and referrals for continued care upon the inmate's departure from the facility. Services provided by the facility shall be consistent to the community level of care. Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections. Treatment will be provided at no cost regardless whether the victim names the abuser or cooperates with the investigation. The standard further states that all prisons attempt to conduct a mental health evaluation and offer treatment (if appropriate) to all known inmate-on-inmate abusers within 60 days of learning of abuse history.

Missouri Department of Corrections SOPD 1-8.13 Offender Sexual Abuse and Harassment provides that medical and mental health evaluation/services/treatment is provided to inmates who have been sexually victimized. Additionally, the perpetrator will be assessed within 60 days. Policy further dictates that these services will be consistent with the community level of care and that there is no cost for treatment. Ozark Correctional Center had no referrals for continued care this review period, although policy outlines guidance for such. OCC had no instances of STD testing of offenders during the review period. However, Corizon protocol outlines procedure should the need arise. Staff

interviews of medical and mental health provide further proof of standard practice in that the staff had a great understanding of the standard requirements.

§115.86 – Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard states that a facility shall conduct sexual abuse incident reviews at the conclusion of every sexual abuse investigation, including allegations that have not been substantiated, unless determined unfounded. The review shall ordinarily occur within 30 days of the investigation's conclusion. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health professionals. Part (d) mandates that the review team shall (1) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. (2) Consider whether the incident or allegation was motivated by race or ethnicity, gender identity, status or perceived status, gang affiliation, or other facility group dynamics. (3) Examine the area of the facility where the incident allegedly occurred, assessing physical barriers that may enable abuse. (4) Assess the adequacy of staffing levels. (5) Assess monitoring technology. (6) Prepare a report of its findings including, but not limited to determinations made pursuant to 1-5, and any recommendations for improvements. Reports will be submitted to the facility head and PREA compliance manager. The standard further states that the facility shall implement the recommendations for improvements, or documents its reasoning for not doing so.

Missouri Department of Corrections policy SOPD-8.13 Offender Sexual Abuse and Harassment incorporates direct language of the standard. Documentation of debriefing notes requirements set forth in (d), with recommendations of corrective action. Ozark Correctional Center had no instances of sexual abuse during the review period; therefore, there were no sexual abuse incident reviews. Staff interviews confirm further compliance.

§115.87 – Data Collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard states that the agency shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The data collected shall include, at a minimum, necessary data to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency shall aggregate the data at least annually. It shall also maintain, review and collect data as needed from all available incident-based documents. Parts (e) and (f) address private facilities and are not applicable

Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment outlines procedure in detail. Investigations are designed to capture relevant data and all information is maintained. MDOC utilizes the COIN system to track, maintain and review relevant data.

§115.88 – Data Review for Corrective Action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard states that the agency shall review data collected pursuant to 115.87 in order to assess and improve effectiveness of sexual abuse prevention, detection, response policies, practices and training. In doing so, the agency shall identify problem areas, take corrective action on an ongoing basis and prepare a report of it's findings and corrective actions for each facility, as well as the agency as a whole. Such reports shall include a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. The agency's report shall be approved by the agency head and made readily available to the public. Specific material from the reports may be redacted when publication of such would present a threat to the safety and security of a facility. However, the agency must indicate the nature of the material redacted.

Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment outlines procedure in detail. Documentation of the annual report denotes all required language. It is approved by the Department Director per policy. The report is available on the Department's website <http://doc.mo.gov/OD/PREA.php> and includes any necessary redactions. Further compliance with standard was verified through staff interviews.

§115.89 – Data Storage, Publication, and Destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard states that the agency shall ensure the data collected pursuant to 115.87 is securely retained. The agency shall make the data readily available to the public at least annually, with personal identifiers removed. The collected data shall be maintained for at least 10 years after the date of the initial collection.

Missouri Department of Corrections policy SOPD1-8.1 Investigation Unit Responsibilities and Actions requires that all investigative materials be maintained by the investigation unit. Policy SOPD 1-8.13 Offender Sexual Abuse and Harassment provides for public viewing through the Department's website, material is edited. A review of the website revealed no personal identifiers. All data is retained per standard, as evidenced by the retention schedule requirement of fifty (50) years.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Butum

Auditor Signature

6-30-16

Date

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:	South Central Correctional Center		
Physical address:	255 West Highway 32, Licking, MO 65542		
Date report submitted:	February 24, 2016		
Auditor Information	Brad Adams		
Address:	P.O. Box 479 Walter Reed Road Burgin, KY 40310		
Email:	Brad.adams@ky.gov		
Telephone number:	859 239 7012		
Date of facility visit:	Jan 26th – 28th 2016		
Facility Information	South Central Correctional Center		
Facility mailing address: (if different from above)	Same		
Telephone number:	573-674-4470		
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit	<input type="checkbox"/> County <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State	Federal
Facility Type:	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison		
Name of PREA Compliance Manager:	Terrena Ballinger		Title: DeputyWarden
Email address:	terrena.ballinger@doc.mo.gov		Telephone number: 573-674-4470
Agency Information			
Name of agency:	Missouri Department of Corrections		
Governing authority or parent agency: (if applicable)	Missouri Department of Corrections		
Physical address:	2729 Plaza Drive, P.O. Box 236 Jefferson City, MO 65102		
Mailing address: (if different from above)	Same		
Telephone number:	573 751-2389		
Agency Chief Executive Officer			
Name:	George Lombardi	Title:	Director

Email address:	Telephone number:	573 526-6607
Agency-Wide PREA Coordinator		
Name: Vevia Sturm	Title:	PREA Coordinator
Email address: vevia.sturm@doc.mo.gov	Telephone number:	573-522-3335

AUDIT FINDINGS

NARRATIVE:

The site visit for the PREA Audit of the South Central Correctional Center was conducted on January 26-28, 2016. The audit team consisted of the Audit Chair, Brad Adams KDOC/DOJ Certified PREA Auditor with two support staff consisting of Debra Banks KDOC/DOJ Certified PREA Auditor and Shea Carlson KDOC/DOJ Certified PREA Auditor. During the Pre-Audit phase, the team reviewed the standards and documentation provided by SCCC completing much of the file review prior to the site visit. Requested follow-up documentation was provided to the team on-site.

An entrance meeting was held at the beginning of the on-site visit with the following staff in attendance: MDOC PREA Coordinator Vevia Sturm, MDOC Assistant PREA Coordinator Adam Albach, Warden Michael Bowersox, Deputy Warden Terrena Ballinger, Assistant Warden Michele Buckner, and Chief of Custody John Motel. Introductions were given and discussion was held of the teams schedule including touring the facility, following the recommended tour guide from the PREA Resource Center, and interviewing the necessary staff and inmates.

During the three day on-site portion of the audit, the team completed file review follow-up, toured the facility and conducted formal staff and inmate interviews. The team interviewed 27 inmates consisting of 12 random inmates from all housing units, 4 disabled and limited English proficient, 3 who disclosed sexual victimization during risk screening, 2 who had reported sexual abuse, 2 inmates placed in segregated housing and 4 LGBTI inmate. In addition, the team interviewed 44 staff which included the Warden, PREA Coordinator, PREA Compliance Manager, 1 Incident Review Team member, 2 that is charged with monitoring retaliation, 1 Human Resources, 5 Medical and Mental Health staff, 14 random staff from each shift, 2 that perform screening for risk of victimization and abusiveness, 3 investigative staff, 2 who supervised inmates in segregation, 7 intermediate or high-level supervisory staff, SANE/SAFE Hospital Representative, 2 Intake Staff and 1 volunteers.

DESCRIPTION OF FACILITY CHARACTERISTICS:

SCCC came about as a result of increased social concerns regarding crime and its rate of increase. These concerns were transformed into tougher laws and mandatory sentencing guidelines. The result of these tougher laws was that dangerous criminals ended up spending more time in prison than in the past. The end result of all this was an increased burden on Missouri's prison systems. To help alleviate this increased strain, in 1997 the state announced plans to build two new maximum-security correctional facilities. Eighteen cities and counties submitted proposals to the Department of Corrections, with hopes that one of the new facilities would be built at their location.

By mid-1997, members of the Joint Committee on Correctional Facilities and Problems narrowed down the original eighteen proposed sites to three; one of these was Licking. On November 13, 1997 the governor announced his decision; Licking happened to be one of the sites chosen for a new correctional facility. A few short months later, in early 1998, the Department of Corrections christened the proposed Licking facility with the name South Central Correctional Center. Having been named, a groundbreaking ceremony would shortly follow, for the new facility.

The ceremony presided over by then Governor Mel Carnahan took place on September 24, 1998. Shortly thereafter, work began in earnest on one of the state's newest correctional facilities. The facility, designed to house 1500 maximum-security offenders, was designed after the Crossroads Correctional Center in Cameron. By utilizing the design of the Crossroads Correctional Center, the state was able to save a lot of time and money in the design phase of the project.

The 73 million-dollar, state of the art, correctional facility began taking in its first offenders in June of 2000. Though the facility was originally designed as a maximum-security institution, it quickly was transformed into a multi-security level facility. The reason for this transformation was an increase in the state's medium-security offender population. As a result, SCCC found all but two of its housing units filled with medium security offenders. The two housing units that had been designed as Administrative Segregation Units were filled with maximum-security offenders, while all the remaining units were filled with medium-security offenders. SCCC is currently operating at the security level it was originally designed for.

SUMMARY OF AUDIT FINDINGS:

The team found that staff and inmates were educated and had a good general knowledge of PREA. Staff knew their responsibilities and duties while inmates knew their rights and multiple reporting methods.

One standard was initially found to be in non-compliance, standard 115.15 section (d). A 60 day Corrective Action Plan was initiated so the facility can demonstrate compliance with required actions. The 60 day CAP ended on March 28, 2016 and is detailed below under appropriate section. All recommendations were corrected in a timely manner and photos/documentation was submitted by PREA Compliance Manager Ballinger as proof of compliance. Each standard below will have justifications for compliance or non-compliance and comments/recommendations for each.

Number of standards exceeded:	2
Number of standards met:	40
Number of standards not met:	0
Not Applicable:	1

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 directs this standard. The Missouri Department of Corrections has designated a state-wide PREA coordinator and each facility has a designated PREA Compliance Manager.

§115.12 - Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency contracts with private agencies incorporate that PREA standards must be followed. The agency also has a tool in place that is used when site visits are performed by agency staff. Documentation provided used direct wording.

.

§115.13 – Supervision and Monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 uses direct language for unannounced rounds and prohibits staff from alerting others of these rounds. The agency has established a staffing plan for each facility. The Division Director issued a directive stating that all components are considered and if any of the information changes it would be considered in reassessing appropriately. In addition, information specifically addressing section (a) will be added to the facilities annual report.

§115.14 – Youthful Inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Not Applicable - Youthful offenders are not housed at SCCC.

§115.15 – Limits to Cross-Gender Viewing and Searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policies IS20 1.1 and D1-8.13 Offender Sexual Abuse and Harassment direct that staff of the opposite gender will announce their presence when entering housing units and protocols for searching transgender and intersex inmates. All security staff have been trained on searching cross-gender, transgender and intersex inmates.

SCCC was initially non-complaint on section (d1 and d2) of this standard. During the on-site review, it was noted that in Housing Unit (HU) 1, the control center Officer had not logged “Female on Duty” announced in the chronological logs for several days. In Housing Unit 3, it was verified that at times, staff are making the announcement of female on duty regardless of whether a female is present or not. In Housing Unit 5, the female on duty announcement was not logged. The process of announcing female on duty is inconsistent and in many cases, the announcement is given as a blanket statement versus placing the inmates on notice that a female will be in a position to view them if they are nude. ****SCCC provided follow up documentation during the corrective action period as requested showing compliance with this section of the standard. All shifts are now announcing when a female staff member enters the unit versus a blanket statement. This announcement is consistently logged now.**

In addition, there were several areas of the institution where partitions or half doors were recommended due to the ability of opposite-gender staff to view inmates in a state of undress. It was noted that there is a full-time female Officer who views cameras every day. There was two cameras noted in the bathroom and strip search room in the food service area. The camera had plain view of the inmate toilets and it was verified during the audit that you are able to view the genital areas of inmates utilizing the toilets. It was also verified during the audit that you could view inmates being strip searched. **This camera was taken off-line during the audit and verified by the audit team that it was no longer on live feed.** Partitions were recommended in the minimum security unit bathroom urinals as there is a chance for staff of the opposite gender to view the genital areas of inmates. **Partitions were**

added during the corrective action period and photo documentation was submitted as proof of completion. In the inmate laundry, there was an inmate bathroom that was without a door or partition and a female staff member who works in the laundry full time. It was recommended that a door be placed on the entrance and a supplemental wall be built on top of the existing wall which was too short. **A partition and supplemental wall was added during the corrective action period and photo documentation was submitted as proof of completion.** In the education department, the door to the inmate bathroom stays open all day. This gives staff clear sight of the urinals. During staff interviews, it was noted that the staff member does not feel comfortable looking in the general direction while making rounds. This constitutes a PREA and Security issue. A half door was recommended for this area. **A half door was added as recommended during the corrective action period and photo documentation was submitted as proof of completion.**

A 60 day corrective action plan was initiated and included the following; SCCC must ensure that privacy barriers provided by the facility are adequate to prevent female staff from viewing offenders while using the toilets and urinals. Options are available to the facility which include half doors and hinged privacy partitions. Evidence will have to be provided by SCCC that clearly shows privacy barriers have been placed that are adequate in coverage. Pictures of each bathroom and the privacy barriers provided shall be sent to me to demonstrate compliance.

In addition, the chronological logs shall be provided to the auditor to show consistent compliance with announcing female on the dorm in compliance with this standard and the FAQs.

The 60 day corrective action plan ended on March 28, 2016. SCCC is now in compliance with this corrective action plan.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 Offender Sexual Abuse and Harassment directs this standard. SCCC has available Interpreter Services if needed as well as an abundance of staff interpreters and has transcripts of PREA videos that are available in different languages. In addition, braille PREA education materials are available.

§115.17 – Hiring and Promotion Decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policy D2-2.2 directs background checks for employees while state applications include the components in section (a). Agency policy also directs background checks for contractors. SCCC provided documentation of this practice that showed it was institutionalized. The State Employee Handbook includes a continuing affirmative to disclose immediately this type of misconduct.

Staff Human Resources interviews showed good knowledge of this requirement.

§115.18 – Upgrades to Facilities and Technology

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policy D4-4.8 incorporates language for installing or updating monitoring systems. In the 2014 PREA Annual report it was noted that The update of camera systems through the installation of DSSVRs has occurred in HU#1, 2, 4, 5, and 6.

§115.21 – Evidence Protocol and Forensic Medical Examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policies D1-8.8 and D1.8.13 direct this standard. The agencies medical contract with Corizon includes sexual abuse victims are provides exams at no cost. SCCC's Chaplain serves as the facilities victim advocate. Training records show appropriate training for qualification. SCCC reports that exams are available when and if needed and direct protocol is included in their Sexual Abuse Coordinated Response. The hospital was also contacted by phone and verified the availability of a SANE nurse on-call 24 hours per day, 7 days per week.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policies D1-8.13, D1-8.1 and D1-8.4 direct the components of this standard. The Inspector General's Office has assigned appropriately trained staff to investigate allegations of sexual abuse involving potentially criminal behavior.

§115.31 – Employee Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 directs PREA training for all staff. The Lesson plans for Basic Academy and bi-annual refresher training cover all the components of section (a). This training is tailored to the gender of the inmate population as lesson plans have been developed and is taught for both genders. SCCC reports all staff to have received this training and the sampling of documentation and staff interview corroborated this requirement.

§115.32– Volunteer and Contractor Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 directs this standard. Curriculum was provided and meets all the components of this standard. SCCC provided documentation of Acknowledgement Forms signed from this training. In addition, training for volunteers and contractors is held annually as brochures and information is given to them.

§115.33 – Inmate Education

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 and directive from agency head directs this standard. SCCC provides PREA education videos for all inmates in addition to brochures and information posted throughout the facility.

Inmate interviews helped determine that inmates were well educated on PREA to include their rights and services available.

§115.34 – Specialized Training: Investigations

☒ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 directs this standard. The Specialized Investigator training course curriculum exceeds components that are covered in this standard. Criminal investigations at SCCC are conducted by the Inspector General's office and Administrative investigations are conducted by a Administrative Inquiry Officer, both of which have received PREA Specialized Investigator training.

Investigator interviews showed great knowledge and experience possessed.

§115.35 – Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

SCCC's Medical and Mental Health staff have received the specialized training as required by this standard in addition to training required for all as referenced in standard 115.31. SCCC provided documentation and lesson plans of this training.

Medical and Mental health staff interviews verified this training.

§115.41 – Screening for Risk of Victimization and Abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. The facility utilizes an Internal Adult Risk Assessment as an objective screening tool. Compliance was confirmed through interviews with staff and offenders as well as documentation of the Risk Assessments.

§115.42 – Use of Screening Information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 Offender Sexual Abuse and Harassment and IS5-3.1 Offender Housing Assignments, covers this standard. Interviews and documentation confirmed that the staff responsible for making determinations for job and/or program assignments for high-risk inmates consider the risk assessment. The facility utilizes a transgender committee and have policies in place which outlines actions to be taken to confirm compliance with this standard. Documentation of the committee minutes confirmed compliance and considerations for inmates own views.

§115.43 – Protective Custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. The facility reported no cases of involuntary segregation for inmates identified at being high risk. Policy is in place to address this matter if utilized. Protocol is in place for consideration of alternate housing before the placement of alleged victims in Segregated housing.

§115.51 – Inmate Reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. The facility provides several ways for inmates to report abuse. This was confirmed through interviews with inmates. Staff are aware they can privately report through calling Crime Hotline and writing the Department of Public Safety as well as reporting to Administration.

§115.52 – Exhaustion of Administrative Remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy D5-3.2 Offender Grievances covers this standard. Interviews confirmed knowledge of the appropriate process for such grievances to be filed including no limitations on time to file such grievances regarding sexual abuse.

§115.53 – Inmate Access to Outside Confidential Support Services

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. The facility has flyers posted in living units and common areas for outside services. Inmates interviews confirmed that they knew they could contact other resources and knew the Chaplain was available.

§115.54 – Third-Party Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Facility has information on the agency website instructing on how to report third party reports to the agency. Interviews with staff and inmates confirmed third party reporting is allowed.

Staff interviews confirmed that third party reports were investigated the same as any other report.

§115.61 – Staff and Agency Reporting Duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. Policy requires that all staff immediately report any information regarding an incident of sexual abuse or sexual harassment. Policy also requires that staff report any incidents of retaliation immediately. Staff interviews confirmed that staff are aware of the duty to report and are aware of the policy regarding keeping information confidential.

Policy IS11-32 Receiving Screening Intake Unit which covers the mandatory reporting laws.

§115.62 – Agency Protection Duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy D1-8.13 Sexual Abuse and Harassment covers this standard. Interviews confirmed that immediate action is taken to protect the inmate who reported.

§115.63 – Reporting to Other Confinement Facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. Compliance was shown through interviews and reviewing of documentation of notification and investigation.

§115.64 – Staff First Responder Duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. The facility utilizes security and non-security staff as first responders and all staff have received training on first responder duties. Interviews confirmed that staff were aware of their duties as a first responder.

§115.65 – Coordinated Response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Facility utilizes an Institutional Plan that outlines a Coordinated Response to Offender Sexual Abuse. This plan outlines the duties of first responders, medical and mental health staff, investigators and facility leadership in response to an incident of sexual abuse.

§115.66 – Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy D2-11.6 Labor Organizations covers this standard. The facility provided an agreement between the Missouri DOC and the Missouri Corrections Officers Association, with an effective date of 10/01/2014 through 09/30/2018.

§115.67 – Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. A review of documentation shows compliance that monitoring occurs and includes periodic checks every 30 days up to 90 days. Staff interviews confirmed that if needed, the monitoring would continue more than 90 days.

§115.68 – Post-Allegation Protective Custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. Facility has a form that documents other means being considered. Three of the six requested Protective Custody, the other three had documentation that meet the standards.

§115.71 – Criminal and Administrative Agency Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The facility has policy, D1-8.1 Investigation Unit Responsibilities and Actions, that covers criminal and administrative agency investigations. Reviewed investigative records/reports for allegations of sexual abuse or sexual harassment on site.

§115.72 – Evidentiary Standard for Administrative Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The facility has policy, D1-8.4 Administrative Inquiries, that covers standards, rules, regulations, and procedures on conducting administrative investigations of sexual or sexual harassment to determine if they are substantiated or not. Reviewed investigative records/reports for allegations of sexual abuse or sexual harassment on site.

§115.73 – Reporting to Inmate

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility has policy, D1-8.13 Offender Sexual Abuse and Harassment, that covers the reporting outcomes as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Reviewed investigative records/reports which included inmate notifications. In addition, during inmate interviews all inmates I interviewed regarding claims of sexual abuse stated they received notification following conclusion of their PREA investigation.

§115.76 – Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility has policy, D1-8.13 Offender Sexual Abuse and Harassment and D2-11.10 Staff Member Conduct, that covers staff disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. In the past (12) months the facility has had no staff disciplined, short of termination, for violation of agency of sexual abuse or sexual or sexual harassment.

§115.77 – Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Facility has policy D1-8.13 Offender Sexual Abuse and Harassment and D2-13.1 Volunteer. In the past (12) months the facility has had no contractor or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

§115.78 – Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Facility has policy D1-8.13 Offender Sexual Abuse and Harassment and Disciplinary Sanctions and Mental Health Protocol. The facility offers therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse through mental health counseling.

§115.81 – Medical and mental health screenings; history of sexual abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Facility has policy IS11-32 Receiving Screening- Intake Center. Reviewed samples and onsite intake assessments. During facility tour we witnessed inmates coming through their R&D that watch the PREA video, as well as answered a questionnaire regarding PREA. During staff and inmate interviews they consistently stated the PREA assessment criteria and all inmates had received such in accordance with the standard and the agencies policy. All inmates that reported sexual victimization that did not occur in an institutional setting received medical and mental health care within (14) days of the intake screening. All inmates that reported previous sexual abuse during the screening received mental health care within (14) days of the intake screening.

§115.82 – Access to emergency medical and mental health services

☒ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Facility has policy D1-8.13 Offender Sexual Abuse and Harassment that covers inmate access to emergency medical and mental health services. Timely access to emergency contraception and sexually transmitted infections was confirmed through inmate interviews onsite, medical staff interviews onsite, review of medical records onsite, and review of investigations onsite. The facility currently has a registered nurse that is continuing her education to become a SANE nurse and she was interviewed during the onsite tour.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility has policy D1-8.13 Offender Sexual Abuse and Harassment that covers the mental health and medical treatment that is provided to inmates that have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections was confirmed through inmate interviews onsite, medical staff interviews onsite, review of medical records onsite, and review of investigations onsite.

§115.86 – Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Facility has policy D1-8.13 Offender Sexual Abuse and Harassment that covers the facilities debriefing procedures upon conclusion of criminal and/or administrative investigations. The sexual abuse incident review, or debriefing is conducted within (30) das of the incident. The facility documents the debriefings, the recommendations, and implementations. Visually saw (2) of the debriefing recommendations during the facility tour that was noted by the review team.

§115.87 – Data Collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility has policy D1-8.13 Offender Sexual Abuse and Harassment that covers the agencies data collection. The Survey of Sexual Violence (SSV) reports were reviewed onsite.

§115.88 – Data Review for Corrective Action

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Facility has policy D1-8.13 Offender Sexual Abuse and Harassment that covers the agencies annual review of data collected. The facilities annual report includes identifying problem areas and corrective action on an ongoing basis. The Missouri Department of Corrections display the appropriate and required PREA information on their website for public viewing.

§§115.89 – Data Storage, Publication, and Destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Facility has policy D1-8.13 Offender Sexual Abuse and Harassment, as well as the states retention schedule which requires the facility to maintain the sexual abuse data collected. Visually saw where the files were secured during the facility tour as well. The Missouri Department of Corrections display the appropriate and required PREA information on their website for public viewing.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Brad Adams



Auditor Signature

April 13, 2016

Date

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA

Bureau of Justice Assistance
U.S. Department of Justice

Name of facility:	Southeast Correctional Center		
Physical address:	300 East Pedro Simmons Drive Charleston, Missouri 63834		
Date report submitted:	March 25, 2016		
Auditor Information	Joseph Z. Martin		
Address:	374 New Bethel Rd. Fredonia, Ky. 42411		
Email:	Joseph.martin@ky.gov		
Telephone number:	270 388-1048		
Date of facility visit:	March 8 th – 10 th , 2016		
Facility Information	Southeast Correctional Center		
Facility mailing address: (if different from above)	Same as above		
Telephone number:	(573) 683-4409		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:	Bill Stange Deputy Warden	Title:	
Email address:	bill.stange@doc.mo.gov	Telephone number:	573-683 4409
Agency Information			
Name of agency:	Missouri Department of Corrections		
Governing authority or parent agency: (if applicable)	Missouri Department of Corrections		
Physical address:	2729 Plaza Drive, P.O. Box 236 Jefferson City, MO 65102		
Mailing address: (if different from above)	Same		
Telephone number:	573 751-2389		
Agency Chief Executive Officer			
Name:	George Lombardi	Title:	Director

Email address:	Telephone number:	573 526-6607
Agency-Wide PREA Coordinator		
Name: Vevia Sturm	Title:	PREA Coordinator
Email address: vevia.sturm@doc.mo.gov	Telephone number:	573-522-3335

AUDIT FINDINGS

NARRATIVE:

The site visit for the PREA Audit of the Southeast Correctional Center was conducted on March 8th – 10th 2016. The audit team consisted of the Audit Chair, Joseph Martin KDOC/DOJ Certified PREA Auditor with two support staff consisting of Shannon Butrum KDOC/DOJ Certified PREA Auditor and Stacy Dortch KDOC. During the Pre-Audit phase, the team reviewed standard documentation as well as the facilities Pre-Audit Questionnaire.

An entrance meeting was held at the beginning of the on-site visit with the following staff in attendance: MDOC PREA Coordinator Vevia Sturm, MDOC Assistant PREA Coordinator Adam Albach, Warden Ian Wallace, Deputy Warden Bill Stange, Deputy Warden Omer Clark and Acting Chief of Custody Travis Wilhite. Introductions were given and discussion was held of the teams schedule including touring the facility, following the recommended tour guide from the PREA Resource Center, and interviewing the necessary staff and inmates.

During the three day on-site portion of the audit, the team completed file review follow-up, toured the facility and conducted formal staff and inmate interviews. During the tour it was found that Housing Units 1 and 2 shower areas had insufficient coverage in providing privacy of the inmate's genitalia and buttocks areas from being viewed by female staff. The facility took immediate action to correct this problem and while on-site constructed higher privacy coverage for the inmates in these areas.

The team interviewed 35 inmates consisting of 15 random inmates from all housing units, 6 disabled and limited English proficient, 4 who disclosed sexual victimization during risk screening, 6 who had reported sexual abuse and 4 gay or bi-sexual inmates. In addition, the team interviewed 41 staff which included the Warden, PREA Coordinator, PREA Compliance Manager, Agency Contract Administrator, 2 Incident Review Team members, 1 that is charged with monitoring retaliation, 3 Human Resources, 3 Intake Staff, 4 Medical and Mental Health staff, 10 random staff from each shift, 3 that perform screening for risk of victimization and abusiveness, 2 investigative staff, 1 who supervised inmates in segregation, 2 staff that have acted as First Responders, 4 intermediate or high-level supervisory staff and 2 volunteers.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Southeast Correctional Center is located in Charleston, Missouri approximately 150 miles south of St. Louis and 150 miles north of Memphis, Tennessee. The facility occupies a 120 acre site just south of Interstate 57 on Highway 105 in Mississippi County.

SECC is a maximum security facility that houses male offenders. The institution is equipped with state of the art security equipment to provide the most secure environment for both staff and offenders and to

ensure public safety. The facility is enclosed by a triple security fence system including a lethal electrified fence and has the capacity to house 1466 offenders within the security envelope and 192 in the minimum security unit.

SUMMARY OF AUDIT FINDINGS:

A debriefing was held on March 10th with the warden and executive staff to disclose the team’s findings. The team found the facility compliant on all applicable PREA standards. The staff at SECC were well versed in PREA Standards and knew their duties and responsibilities in preventing, detecting and responding to allegations of inmate Sexual Abuse and/or Sexual Harassment. SECC provided good documentation to show consistent institutional practices along with corroborating interviews which showed compliance.

The inmates interviewed appeared to be well educated in PREA to include, knowledge of the agencies zero-tolerance policy on sexual abuse and sexual harassment which also includes retaliation for reporting such, throughout SECC PREA information is made continuously available which includes the agencies policy of zero-tolerance, how to report and victim advocacy services.

Each standard below will have justifications for compliance and recommendations for consideration.

Number of standards exceeded:	2
Number of standards met:	40
Number of standards not met:	0
Not Applicable:	1

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs for the agency to have a written policy mandating zero-tolerance towards all forms of sexual abuse and sexual harassment. In addition, it requires the agency to designate an agency-wide PREA coordinator with each facility designating a PREA Compliance manager.

The Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment clearly outlines the agency’s zero-tolerance of sexual abuse and sexual harassment. The department has a state-wide PREA Coordinator while each facility has a designated PREA Compliance Manager.

§115.12 - Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs that the Missouri Department of Corrections to include in awarded or renewed contracts the contracted entity to adopt and comply with PREA standards. In addition, the standard requires monitoring for compliance of the entity.

SECC provided examples of agency contracts which directly use the language for PREA compliance for the contracted entity. The Missouri Department of Corrections also has staff designated to ensure compliance of the contracted entity.

§115.13 – Supervision and Monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs that each facility shall develop, document and comply on a regular basis with a staffing plan that provides for adequate levels and where applicable, video monitoring, to protect inmates against sexual abuse. It requires the facility to document and justify when the staffing plan is deviated from. In addition, it requires annual reviews to determine if adjustments are needed. It requires the agency to have a policy and practice of having intermediate level or higher level supervisors conduct and document unannounced rounds to identify and deter staff to offender sexual abuse and sexual harassment. The policy shall also prohibit staff from alerting other staff that the supervisory rounds are being made.

SECC has a documented staffing plan that was prepared by the Missouri Department of Corrections. All required components of this standard are included. The facility has not deviated from the established staffing plan as SECC has mandatory posts that are maintained.

Agency policy SOPD1-8.13 Offender Sexual Abuse and Harassment clearly specifies that supervisors are required to conduct unannounced rounds and that staff are prohibited from alerting others these rounds are occurring. SECC provided examples of documentation to show established institutional practices of this occurring and staff interviews corroborated compliance.

§115.14 – Youthful Inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Not Applicable - Youthful offenders are not housed at the Southeastern Correctional Center.

§115.15 – Limits to Cross-Gender Viewing and Searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard has six components. Part (a) directs that facilities shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Part (b) states for a facility whose capacity doesn't exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances and that female inmates shall have access to regularly available programming or other opportunities. Part (c) states the facility shall document all cross-gender searches. Part (d) states the facility shall implement policies and procedures that enable inmates to shower, perform bodily functions and change clothing without nonmedical opposite gender staff viewing their breasts, buttocks or genitalia, except in exigent circumstances. In addition, policy shall require staff of the opposite gender to announce their presence when entering housing areas. Part (e) states the facility shall not search or physically examine transgender or intersex inmates for the sole purpose of determining genital status. Part (f) states the agency shall train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner.

Missouri Department of Corrections policy IS20-1.3 Searches outlines the departments protocol for searching inmates that includes cross-gender pat-down and body-cavity searches. All such searches are documented as directed by this policy.

Agency policy SOPD1-8.13 Offender Sexual Abuse and Harassment directs staff of the opposite gender of the inmate population to announce their presence when entering housing units and enables inmates to shower, perform bodily functions and change clothing without being viewed by non-medical opposite gender staff. During the on-site tour it was found that housing units 1 and 2 had insufficient privacy for inmates to shower. SECC staff took immediate action and installed additional privacy partitions to comply with this standard.

SOPD1-8.13 Offender Sexual abuse and Harassment also prohibits searching or physically examining transgender and intersex inmates for the sole purpose of determining their genital status.

Staff interviews and documentation provided showed cross-gender announcing to be in good practice and institutionalized however, there were a few staff who were unsure of the correct practice.

It is recommended to continue education of housing unit staff to ensure all understand this procedure. Frontline supervisors understood correct protocol and are key in communicating this to their staff.

SECC security staff have all been trained in the searching criteria of transgender and intersex inmates. Acknowledgment forms are kept showing completion of this training.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard states that the agency shall take appropriate steps to ensure inmates with disabilities have an equal opportunity to participate or benefit in all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such steps include providing interpreters who can effectively communicate with inmates who are deaf or hard of hearing. In addition, the agency shall ensure written materials are provided in formats or through methods for those who are blind, mentally or intellectually disabled. This standard also prohibits the use of inmate interpreters except in limited circumstances.

Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment directs that inmates with disabilities have equal opportunities to all the departments efforts to prevent, detect and respond to sexual abuse and sexual harassment.

Southeastern Correctional Center has PREA information readily available throughout the facility in means of posters, brochures and videos that are shown at intake and at intervals on the inmate television channel for general population inmates. Interpreter Services are available and the department has contracts with them if the need arises for their services.

Documentation provided and staff and inmate interviews showed compliance of this standard as staff knew the responsibility of ensuring inmates with disabilities receive this information and inmates knew PREA information is given and is continuously available.

§115.17 – Hiring and Promotion Decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard has 8 different sections. Part (a) states that agencies shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who has engaged in sexual abuse in confinement settings, has been convicted of engaging or attempted sexual activity in the community facilitated by force or threats of force, coercion or if the victim was unable or did not give consent, or has been civilly or administratively adjudicated to have engaged in such activity. Part (b) states the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlisting the services of a contractor who may have contact with inmates. Part (c) states before hiring new employees who have contact with inmates the agency shall perform criminal background checks and contact prior institutional employers for information on substantiated allegations of sexual abuse or pending investigations of allegations of sexual abuse. Part (d) states the background checks also apply before enlisting the services of contractors. Part (e) states the background checks shall occur at least every 5 years. Part (f) states the agency shall ask all applicants the components of section (a) on applications or interviews for hiring and promotions. Part (g) states providing false information shall be grounds for termination. Part (h) states the agency shall provide information on substantiated allegations upon request from an institutional employer.

The Missouri Department of Corrections has state applications which include the required questions concerning prior acts or attempted acts of engaging in sexual abuse or harassment in confinement or in the community. It also states providing false information would be grounds for termination.

Missouri Department of Corrections policy D2-2.2 Background Investigations directs for these checks to be completed before hiring or promoting staff. SECC provided good documentation and staff interviews corroborated annual checks are done for staff on their birth months and contractor checks are done before enlisting their services. Agency employee handbooks direct the continuing affirmative to disclose any such behavior as described above.

§115.18 – Upgrades to Facilities and Technology

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs when any new facility or any substantial expansions or modifications of existing facilities, the agency shall consider the design, acquisition, expansion or modification upon the agency's ability to protect inmates from sexual abuse. In addition, when installing or updating video monitoring systems or other monitoring, the agency shall consider how it may enhance the agency's ability to protect inmates from sexual abuse.

Southeastern Correctional Center reported having an expansion to housing unit 7 which is the minimum security unit. A classroom was recently built onto this unit. Cameras are installed inside the classroom and large windows are built in both entrance doors to allow for very good observation.

§115.21 – Evidence Protocol and Forensic Medical Examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard has 8 sections. Part (a) states the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions where applicable. Part (b) states the protocol shall be developmentally appropriate for youth where applicable. Part (c) states the agency shall offer all victims of sexual abuse access to forensic medical examinations without financial costs. Such forensic exams shall be performed by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners where possible, when these examiners aren't available other qualified medical staff can perform the exam. Part (d) states the agency shall attempt to make available to the victim a victim advocate from a rape crisis center or qualified agency staff member. Part (e) states when requested by the victim, the victim advocate or staff member shall accompany and support the victim through the forensic medical exam and investigatory interviews. Part (f) states when the agency isn't responsible for investigating allegations of sexual abuse it shall request the investigating agency to follow the requirements of sections (a) through (e). Part (g) states the requirements of sections (a) through (f) shall also apply to any State entity outside of the agency and any Department of Justice component, Part (h) states for the purpose of this section, a qualified agency staff member or qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in the role of victim advocate and has received education concerning sexual assault and forensic examinations.

Missouri Department of Corrections policy D1-8.8 Evidence Collection, Accountability and Disposal directs protocols for administrative and criminal investigations. Southeastern Correctional Center offers all victims of sexual abuse access to a Forensic Medical Examination at an outside hospital. SECC's Chaplain serves in the role of victim advocate and has been appropriately trained to do so.

Policy D1-8.13 Offender Sexual Abuse and Harassment directs that victims have access to a victim advocate and when requested can accompany them at the exam and investigatory process.

Documentation was provided of this practice and Staff interviews corroborated knowledge of this standard.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard states that agencies shall ensure that an Administrative or Criminal investigation is completed for all allegations of sexual abuse and sexual harassment. It directs a policy be in place to ensure that allegations of sexual abuse or sexual harassments are referred for investigation to an agency with the legal authority to conduct criminal investigations. The agency shall publish such policy on its website. In addition, it states any state entity responsible for conducting Administrative or Criminal investigations of sexual abuse or sexual harassment shall have a policy in place governing the conduct of such to include department of Justice components when applicable.

Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment ensures that all allegations of Sexual Abuse and Sexual Harassment are investigated. The Inspector General's office is responsible for such investigations of criminal behavior and has the proper authority to do such.

Staff interviews of Investigators corroborated this practice and SECC's investigators were trained appropriately to do so in reference to standard 115.34.

§115.31 – Employee Training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard states all agencies shall train all employees who may have contact with inmates on its zero-tolerance policy, how to fulfill their responsibilities, inmates rights, rights of employees and inmates to be free from retaliation, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively with all inmates, how to comply with relevant laws related to mandatory reporting. In addition, it directs for the training to be tailored to the gender of the inmate population and for agencies to keep electronic verification or signature of the training received.

Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment outlines this training as a requirement for all staff. The department's lesson plans are well-written and are different for the gender of the inmate population (male vs. female).

The Southeastern Correctional Center reported all staff have received such training and documentation was given of such. Staff interviews corroborated that the training has been completed for all. SECC provided good examples from the staff receiving this training through Acknowledgment forms.

§115.32– Volunteer and Contractor Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs for agencies to ensure all volunteers and contractors who have contact with inmates be trained on their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures. In addition, the agency shall maintain documentation confirming that volunteers and contractors have understood the training they have received.

Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment requires specific training for volunteers and contractors. The curriculum taught is sufficient in meeting their roles and responsibilities in accordance with agency policy. The agency and each facility maintains Acknowledgment forms of this training from the staff that have received it.

§115.33 – Inmate Education

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs for inmates to receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions. Inmates are to be educated within 30 days of intake and provided comprehensive education of their rights to be free from sexual abuse and sexual harassment. This information should be in formats accessible to all including inmates who are mentally, physically disabled as well as limited English proficient. Documentation of this education shall be kept and key information shall be made readily available continuously.

Missouri Department of Corrections policy SOPSS-1.2 stipulates inmates receive information explaining the agency's zero-tolerance policy. Southeastern Correctional Center provided documentation this usually occurs within a few days or sooner after arrival,

Policy SOPD1-8.13 Offender Sexual Abuse and Harassment stipulates all inmates including those disabled and limited English proficient receive education in formats they can understand. SECC provides education by video, brochures, posters, transcripts, braille and large print as well as Spanish when applicable.

SECC provided good documentation of this standard as acknowledgment forms were provided of the inmates receiving PREA information and education given. In addition, inmate interviews corroborated this practice as being institutionalized.

§115.34 – Specialized Training: Investigations

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs that agencies train sexual abuse investigators in techniques that include interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Missouri Department of Correction policy SOPD1-8.13 Offender Sexual Abuse and Harassment requires specialized training for assigned PREA investigators for the department. MDOC lesson plans for this specialized training exceed expectation and are very thorough covering all aspects of this standard and much more.

The Inspector's General office which is a part of the MDOC is tasked with this responsibility. SECC provided documentation of their facility based investigators completing this training.

§115.35 – Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs that agencies shall ensure all medical and mental health staff who work regularly with inmates receive training on the following; How to detect signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims, how and to whom to report allegations or suspicions, when applicable, on how to conduct forensic exams. In addition, documentation shall be kept of this training of staff participation and they also receive other training requirements expected of all staff.

Missouri Department of Corrections policy SOPD1-8.13 Offender Sexual Abuse and Harassment requires this specialized training for all medical and mental health staff. Currently SECC medical staff do not perform forensic exams. If the need arises the inmate is taken to an outside hospital free of cost to the inmate.

Medical and Mental Health staff interviews corroborated that all have received this specialized training. Staff were very knowledgeable of their responsibilities involving medical and mental health treatment and counseling for sexual abuse victims and perpetrators.

§115.41 – Screening for Risk of Victimization and Abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs that all inmates be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive towards other inmates. It requires that the screening ordinarily take place within 72 hours of the inmates arrival at the facility and be conducted using an objective screening instrument. It also requires that within a set period of time, not to exceed thirty (30) days from the inmates arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. It is also required that the inmate's risk level be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. In addition, the standard directs that inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to the above screening. Lastly, the standard requires the agency to implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to the standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harassment requires that all inmates be assessed within 72 hours of transfer and again within 30 days of the inmate's arrival and covers all of the components required by the standard. SECC provided examples of documentation to show established institutional practices of the required assessments occurring which. Staff and inmate interviews also corroborated compliance.

§115.42 – Use of Screening Information

☒ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard requires that the agency use information from the risk screening required by standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive while making individualized determinations about how to ensure the safety of each inmate.

SECC provided a multitude of documentation that showed an established institutional practice of using risk screening information for housing, bed, work, education, and programming assignments that were all corroborated by staff interviews. The system in place at SECC was reviewed by the audit team on site and discussed with multiple work and program supervisors. It was clearly demonstrated that SECC has top notch communication in this area and that their practice is well followed and exceeds the expectation of the standard. Agency policies IS5-2.3 Offender Internal Classification and IS 18-1.1 Required Activities clearly cover the components of this standard.

The standard also requires that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing/programming assignments, that the agency consider on a case by case basis whether a placement would ensure the health and safety of the inmate or would present management or security problems. In addition, the placement and programming assignments must be reassessed at least twice each year to review any threats to safety experienced by the inmate. The standard requires that a transgender or intersex inmate's own views with respect to their own safety be given serious consideration and that transgender and intersex inmates be given the opportunity to shower separately from other inmates. Lastly, this standard directs that gay, bisexual, transgender and intersex inmates not be placed in dedicated facilities, units or wings solely based on such identification or status unless such placement is established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protection.

Although SECC had no examples of transgender or intersex inmates being housed at their facility during the review period it was clear that policies were in place to cover the requirements of the standard when the need arises. Agency policies IS 5-3.1 Offender Housing Assignments covers all of the components of sections c-g of this standard in detail.

§115.43 – Protective Custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard directs that inmates at high risk for sexual victimization not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination made that there is no available alternative means of separation

from likely abusers. It also requires that inmates placed in involuntary segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible and that any restriction of these be documented.

Although SECC had no examples of inmates at high risk of sexual victimization being placed in involuntary segregation during the review period it was clear that policies were in place to cover the requirements of the standard if the need arises. Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harrassment directs the requirements of the standard should the use of temporary involuntary segregation be utilized.

Staff interviews showed knowledge of this requirement as alternate housing would be considered before placement of an alleged victim of sexual abuse in involuntary segregation.

§115.51 – Inmate Reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard requires the agency to provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting, and staff neglect that may have contributed to such incidents. In addition, it requires at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. This standard also directs that staff accept reports made verbally, in writing, anonymously, and from third parties, documenting them all promptly. Lastly, this standard directs that a method for staff to privately report sexual abuse or harassment of inmates be provided.

Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harrassment specifies the required multiple ways for inmates to report. In addition, SECC provided examples of documentation to show multiple reporting methods provided to the inmates, to include posters, brochures and flyers, and of these reporting methods being utilized. Staff and inmate interviews also corroborated compliance as staff knew their responsibilities in accepting and documenting reports and inmates knew the multiple ways of reporting.

§115.52 – Exhaustion of Administrative Remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs the agency, when it has administrative procedures to address inmate grievances regarding sexual abuse, that it not impose a time limit on when an inmate may submit a grievance regarding sexual abuse; that it not require an inmate to use an informal grievance process; that an inmate may submit the grievance without submitting it to a staff member that is the subject of a complaint and that the grievance is not referred to the staff member that is the subject of the complaint. The standard also requires that the agency issue a final decision on a grievance alleging sexual abuse within 90 days of the initial finding; that third parties be permitted to assist inmates in filing grievances regarding allegations of sexual abuse; and that the agency establish procedures for the filing of emergency grievances.

Agency policies SOPD 1-8.13 Offender Sexual Abuse and Harassment and D5-3.2 Offender Grievance clearly outline the grievance process and includes all of the required components of the standard. SECC provided examples of documentation to show an established grievance mechanism that corroborated compliance.

§115.53 – Inmate Access to Outside Confidential Support Services

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard requires that the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by providing the inmates with mailing addresses and telephone numbers, including toll-free hotline numbers and that the facility enable reasonable communication between the inmate and these organizations in as confidential a manner as possible. It further requires that the facility inform inmates of the extent to which such communications will be monitored and to which reports of abuse will be forwarded to authorities with mandatory reporting laws. Lastly, the standard directs that the agency maintain or attempt to enter into memoranda of understanding with community service providers to provide inmates with confidential emotional support services related to sexual abuse.

Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harassment outline access of victim advocates to inmates. SECC provided examples of flyers for Just Detention International and Rape, Abuse and Incest National Network that provide the required contact information provided to inmates. This was verified visually during the audit tour as well as corroborated by inmate interviews. In addition, SECC provided documentation to show attempts to enter into memoranda of understanding for advocate services, that as of the date of the audit had been unsuccessful. Currently SECC is providing advocate services to their inmate population by having their Chaplain trained to provide this service.

It is recommended by the audit team that the information of the Chaplain serving in this role be posted throughout the facility in addition to the flyers already present.

§115.54 – Third-Party Reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard requires the agency to establish a method to receive third-party reports of sexual abuse and sexual harassment and that information on how to report on behalf of an inmate be distributed publicly.

SECC provided examples of documented third party reports that has been received and investigated. In addition, the agency website was reviewed prior to the audit and information on how to report on behalf of an inmate was easily accessed

SECC staff interviews showed knowledge possessed of accepting these reports made by third parties as well as investigators proceeding normally in their duties as other reported allegations.

§115.61 – Staff and Agency Reporting Duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs that the agency requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who report such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The standard also requires that apart from reporting to designated supervisors or officials, that staff not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigate, or make security and management decisions. It requires that medical and mental health practitioners be required to report sexual abuse unless otherwise precluded by Federal, State or local law. It requires that if an alleged victim is under the age of 18 or considered a vulnerable adult, that the agency report the allegation to the designated State or local services agency. Lastly, it requires that the facility report all allegations of sexual abuse or sexual harassment, including third party and anonymous reports, to the facility's designated investigators.

Missouri Department of Corrections policy SOPD 1-8.13 Offender Sexual Abuse and Harassment clearly requires staff reporting and outlines that failing to do so is a class A misdemeanor. In addition, agency policy IS 11-32 Receiving Screening – Intake Center outline required reporting for health services staff as well as guidelines for instance involving individuals under the age of 18.

SECC provided examples of documentation to show an established reporting practice. Staff interviews also corroborated compliance, good awareness was possessed of their duty and responsibility of reporting.

§115.62 – Agency Protection Duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard requires that when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, that it take immediate action to protect that inmate.

Although SECC had no examples during the review period, where the facility learned that an inmate was subject to substantial risk of sexual abuse, it was clear that policies were in place to cover the requirements of the standard if the need arises. Missouri Department of Corrections policy SOPD 1-8.13 Offender Sexual Abuse and Harrassment clearly outlines steps to take should the facility learn that an inmate was subject to substantial risk of sexual abuse.

SECC staff knew their duty and responsibility to protect inmates who were at risk of being sexually abused and the steps to take to help protect these individuals.

§115.63 – Reporting to Other Confinement Facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard requires that when the facility receives an allegation that an inmate was sexually abused while confined at another facility, that the head of the facility receiving the allegation notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. The standard directs that such notification be provided no later than 72 hours after receiving the allegation and that the provided notification be documented. In addition, the standard requires that the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with the standards.

Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harrassment outlines the steps to take should the facility receive information that an inmate has been sexually abused while assigned at another facility. SECC provided examples of documentation to show an

established institutional practice of this occurring. Staff interviews also corroborated compliance.

§115.64 – Staff First Responder Duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report be required to separate the alleged victim and abuser and preserve and protect any crime scene. It also requires that if the abuse occurred in a time frame that allows for the collection of physical evidence that they request that the alleged victim not take any actions that could destroy physical evidence and ensure that the alleged abuser doesn't take any actions that could destroy physical evidence. Lastly, the standard requires that if the first responder isn't security staff, that the responder be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

Missouri Department of Corrections policy SOPD 1-8.13 Offender Sexual Abuse and Harrassment clearly defines the steps to be taken by staff first responders that covers all the required components of the standard. SECC provided examples of documentation to show an established institutional practice of this occurring.

SECC staff interviews showed good knowledge was possessed that DNA evidence would be preserved as actions to help allow the collection of such. Examples include requesting the alleged victim not to wash, brush their teeth, change clothing, urinating, defacating, eating or drinking. In addition, staff knew that the alleged abuser would not be allowed to destroy evidence as these steps would apply to them as well.

§115.65 – Coordinated Response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs that the facility develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse.

Southeastern Correctional Center has a documented institutional plan to coordinate actions among first reposnders, medical and mental health staff, investigators and facility leadership.

It is facility specific and includes steps for the forensic exam of alleged sexual abuse victims when applicable.

§115.66 – Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation.

Missouri Department of Corrections policy D2-11.6 Labor Organizations clearly requires that the department not enter into or renew any collective bargaining agreements or other agreements that limit their ability to remove alleged staff sexual abusers from contact with inmates as required by the standard. The current labor agreement between the agency and the Missouri Corrections Officers Association was reviewed and meets the requirements of the standard.

§115.67 – Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard directs the agency to establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or who cooperate with an investigation from retaliation by other inmates or staff and to designate which staff member or department are designated for monitoring retaliation.

Missouri Department of Corrections policy SOPD 1-8.13 Offender Sexual Abuse and Harassment clearly specifies the requirements for monitoring retaliation for both inmates and staff covering all the components of the standard. SECC has a designated staff to monitor for retaliation and provided examples of documentation to show an established practice of inmate monitoring. Staff and inmate interviews also corroborated compliance. SECC has had no instances of staff monitoring during the review period.

it is recommended that the staff in charge for monitoring receive regular training on the guidelines required for staff monitoring.

§115.68 – Post-Allegation Protective Custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard requires that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of standard 115.43.

Although SECC had no examples of inmates alleged to have suffered sexual abuse being placed in involuntary segregation during the review period it was clear that policies were in place to cover the requirements of the standard if the need arises. Agency policy SOPD 1-8.13 Offender Sexual Abuse and Harrassment directs the requirements of the standard should the use of temporary involuntary segregation be utilized.

§115.71 – Criminal and Administrative Agency Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard has 12 sections, with (k) and (l) noted as non-applicable. Part (a) states that an agency who conducts its own investigations shall do so promptly, thoroughly and objectively for all allegations, including third-party and anonymous reports. Part (b) mandates that all agency investigators receive specialized training in sexual abuse investigations in accordance with 115.34. Part (c) details gathering and preserving direct and circumstantial evidence. This includes physical and DNA evidence, electronic monitoring data, interviewing alleged victims, suspected perpetrators, and witnesses. Prior complaints and reports of sexual abuse involving the suspected perpetrator shall also be reviewed. Part (d) states that the agency shall conduct compelled interviews only after consulting with prosecutors as to whether the interviews may be an obstacle for criminal prosecution when the quality of evidence appears to support criminal prosecution. Part (e) addresses the credibility of an alleged victim, suspect and witness. Assessments shall be on an individual basis and shall not be determined by inmate or staff status. Further, no agency shall require an inmate who alleges sexual abuse to submit to polygraph examinations or other truth-telling devices as a condition for proceeding with an investigation of an allegation. Part (f) addresses administrative investigations, stating that they shall include an effort to determine whether staff actions or the failures to act contributed to the abuse. These investigations shall be documented in written reports that include evidence, reasoning behind credibility assessments, facts and findings. Part (g) outlines that criminal investigations shall be documented in a written report and contain a thorough description of evidence with copies of all documentary evidence attached where

feasible. Part (h) states that substantiated conduct allegations that appear criminal shall be referred for prosecution. Part (i) requires the agency to maintain written reports referenced in (f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Part (j) states that an investigation shall not be terminated based on the departure of the alleged abuser or victim from the employment or control of the facility or agency.

Missouri Department of Corrections policy D1-8.1 and D1-8.4 outline the requirements set forth in this standard. Policies address prompt investigations into allegations of sexual abuse and harassment. Trained investigators within the Inspector General's (IG) Office conduct all criminal PREA investigations. Investigations are very thorough, including preservation of evidence, electronic monitoring, interview/record reviews and retention as specified. Investigations are not terminated after departure of alleged victim/abuser. The IG refers to prosecutors when appropriate and reports to the Department Director. Administrative investigations include determination of staff actions (or lack thereof) and written documentation of evidence. The credibility of alleged victims, suspects or witnesses are addressed on an individual basis.

Missouri Department of Correction policies D1-8.1 and D1.8.3 address the use of polygraph/truth telling devices. It appears that both policies are silent in reference to proceeding with an investigation of an allegation. However, both inmate and staff interviews confirm that truth telling devices were not used, nor would they be used as a condition of an investigation. Documentation and interviews supported practice and understanding of this standard.

§115.72 – Evidentiary Standard for Administrative Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard states that the agency shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Missouri Department of Corrections policy D1-8.4 details this standard. Investigators were familiar with the preponderance of evidence requirement. Investigative reports were provided that noted the same.

§115.73 – Reporting to Inmate

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard has 6 sections, with part (b) and (f) noted as non-applicable. Part (a) mandates the agency to inform the inmate of the investigative determination (substantiated, unsubstantiated, or unfounded) after alleging suffered sexual abuse in a facility. Part (c) states that following an inmate's allegation that a staff member has committed sexual abuse, the agency shall inform the inmate (unless unfounded) whenever the staff member is no longer posted within the inmate's unit; no longer employed at the facility; has been indicted or convicted on a charge related to sexual abuse within the facility. Part (d) states that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall inform the alleged victim that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. Part (e) states that all such notifications or attempted notifications are documented.

Missouri Department of Corrections policy SOPD1-8.13 addresses notification to the inmate of substantiated, unsubstantiated or unfounded allegations. Practice was verified through documented notifications, staff termination and interviews. Although SECC reported that no inmates were prosecuted in this review period, documentation utilized shows a uniformed format in place to notify the inmate should there be such an occurrence.

§115.76 – Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Further, termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of policy (other than actually engaging in sexual abuse) shall consider the nature and circumstances of the act, the staff member's disciplinary history and comparable sanctions imposed for comparable offenses by other staff with similar histories. All terminations and resignations by staff for violations of agency sexual abuse and sexual harassment policies shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal.

Missouri Department of Corrections policy SOPD1-8.13 mandates employee discipline as outlined in the standard. Documentation was provided of termination and reporting to law enforcement. Documentation also included a sanction for violation of agency policy as required. Staff interviews showed a good working knowledge of disciplinary sanctions.

§115.77 – Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates. Reporting to law enforcement and relevant licensing bodies shall occur, unless the activity was clearly not criminal. The facility will also take appropriate remedial measures when considering whether to prohibit further inmate contact in the case of any other agency violation of sexual abuse or sexual harassment.

Missouri Department of Corrections policy SOPD1-8.13 addresses this standard in conjunction with policy D2-13.1. SECC reported no instances of contractor or volunteer sexual misconduct during the review period. Interviews confirmed training on this matter. Policy and interviews addressed the remedial measures in place should there be an occurrence.

§115.78 – Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard has 7 sections. Part (a) states that inmates shall be subject to disciplinary sanctions through a formal disciplinary process following administrative or criminal findings of inmate-on-inmate sexual abuse. Part (b) outlines that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Part (c) prescribes that an inmate's mental disabilities or mental illness shall be considered in the disciplinary process and when issuing sanctions. Part (d) states that the facility shall consider whether to require the offending inmate to participate in therapy, counseling or interventions as a condition of access to programming or other benefits. Part (e) states that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. Part (f) addresses disciplinary actions and reports of sexual abuse in good faith. Reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish substantiation. Part (g) gives the agency discretion to prohibit all sexual activity between inmates and issue disciplinary action upon determination that the activity was not coerced.

Missouri Department of Corrections policy SPOD1-8.13 outlines disciplinary sanctions and language of the standard. Mental Health notifications are forwarded prior to disciplinary hearing, with staff input noted. An issued directive further addresses the procedure. SECC reported no instances of inmate on staff sexual abuse/contact.

Documentation of disciplinary sanctions, hearings with mental health input and staff interviews confirmed adherence to this standard.

§115.81 – Medical and mental health screenings; history of sexual abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard states that prior sexual abuse victims and perpetrators (whether abuse or victimization occurred in an institutional setting or in the community) shall be offered a follow-up meeting with a mental health practitioner within 14 days of intake screening. If sexual victimization is identified at screening, a follow-up with a medical practitioner shall also occur within 14 days. Any information related to sexual abuse victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary for security and management decisions. The standard further directs medical and mental health practitioners to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Missouri Department of Corrections policy IS11-32 addresses the screening process for both those that have experienced prior sexual victimization and those that have perpetrated sexual abuse, whether occurring in an institutional setting or in the community. Follow-up is conducted within 14 days of intake. SECC notes 100% compliance in both areas. Policy IS11-32 also addresses the need to notify case management staff to ensure management decisions. This is further noted on the Mental Health consent form.

Practice was confirmed through assessment reports and lists, mental health notes/reports and staff interviews.

§115.82 – Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard states that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Security staff first responders shall take preliminary steps to protect the victim pursuant to 115.62 and shall immediately notify the appropriate medical and mental health practitioners of the abuse when they are not on duty at the time of the report. Inmate victims of sexual abuse shall be offered timely information about and timely access to sexually transmitted infections prophylaxis in accordance with professional standards of care and when medically appropriate. Treatment services shall be provided to the victim without cost regardless if the victim names the abuser or cooperates with the investigation.

Missouri Department of Corrections policy SOPD1-8.13 addresses timely services to emergency medical treatment and security staff first responders. The institutional Coordinated Response also addresses this protocol. Mental Health staff is on call and shall respond within 2 hours per the coordinated response. The Chaplain currently provides crisis intervention services. The institution offers 24 hour medical care with access to outside hospital SANE/SAFE exams. Treatment services are provided at no cost and consistent with the community level of care.

Documentation of mental health logs/ notes/referrals, Corizon PREA assistance/support and staff interviews support practice. SECC reported no inmate-on-inmate sexual abuse in the review period. However, documentation from December 2014 (investigation ongoing through 2015) provided proof that post-exposure prophylaxis was offered to the victim.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard has 8 sections, with d and e being non-applicable to an all-male facility. The standard states that the facility shall offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Evaluations and treatment of such victims shall include follow-up services, treatment plans and referrals for continued care upon the inmate's departure from the facility. Services provided by the facility shall be consistent to the community level of care. Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections. Treatment will be provided at no cost regardless whether the victim names the abuser or cooperates with the investigation. The standard further states that all prisons attempt to conduct a mental health evaluation and offer treatment (if appropriate) to all known inmate-on-inmate abusers within 60 days of learning of abuse history.

Missouri Department of Corrections SOPD1-8.13 provides that medical and mental health evaluation/services/treatment is provided to inmates who have been sexually victimized. Additionally, the perpetrator will be assessed within 60 days. Policy further dictates that these services will be consistent with the community level of care. There is no cost for treatment. SECC had no referrals for continued care this review period, although policy outlines guidance for such. It should be noted that SECC provided services on site upon transfer from another facility. This practice shows compliance with the spirit of this standard. SECC had no instances of STD testing of offenders during the review period. However, Corizon protocol outlines procedure should the need arise.

Staff interviews and documentation of medical and mental health records provide further proof of standard practice. However, it should be noted that a perpetrator's mental health referral was completed beyond 60 days of date of incident and conclusion of report. The disciplinary process did include mental health assessment with a focus on 3/5/15 (date of incident). The investigation was concluded on 5/19/15, with a disciplinary violation delay and final conclusion on 6/23/15. The recommendation at the time of conviction included "refer to mental health for assessment/therapy". The referral was completed on 9/8/15. This auditor concludes that SECC's attempt was a good faith effort and is in compliance with the standard.

§115.86 – Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard states that a facility shall conduct sexual abuse incident reviews at the conclusion of every sexual abuse investigation, including allegations that have not been substantiated, unless determined unfounded. The review shall ordinarily occur within 30 days of the investigation's conclusion. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health professionals. Part (d) mandates that the review team shall (1) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. (2) Consider whether the incident or allegation was motivated by race or ethnicity, gender identity, status or perceived status, gang affiliation, or other facility group dynamics. (3) Examine the area of the facility where the incident allegedly occurred, assessing physical barriers that may enable abuse. (4) Assess the adequacy of staffing levels. (5) Assess monitoring technology. (6) Prepare a report of its findings including, but not limited to determinations made pursuant to 1-5, and any recommendations for improvements. Reports will be submitted to the facility head and PREA compliance manager. The standard further states that the facility shall implement the recommendations for improvements, or documents its reasoning for not doing so.

Missouri Department of Corrections policy SOPD-8.13 incorporates direct language of the standard. Documentation of debriefings notes requirements set forth in (d), with

recommendations of corrective action. Documentation provided implementation of corrective action issued via memorandum. Staff interviews confirm further compliance

§115.87 – Data Collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard states that the agency shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The data collected shall include, at a minimum, necessary data to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency shall aggregate the data at least annually. It shall also maintain, review and collect data as needed from all available incident-based documents. Parts (e) and (f) address private facilities and are not applicable.

Missouri Department of Corrections policy SOPD1-8.13 outlines procedure in detail. Investigations are designed to capture relevant data. All information is maintained. MDOC utilizes the COIN system to track, maintain and review relevant data.

§115.88 – Data Review for Corrective Action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard states that the agency shall review data collected pursuant to 115.87 in order to assess and improve effectiveness of sexual abuse prevention, detection, response policies, practices and training. In doing so, the agency shall identify problem areas, take corrective action on an ongoing basis and prepare a report of it's findings and corrective actions for each facility, as well as the agency as a whole. Such reports shall include a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. The agency's report shall be approved by the agency head and made readily available to the public. Specific material from the reports may be redacted when publication of such would present a threat to the safety and security of a facility. However, the agency must indicate the nature of the material redacted.

Missouri Department of Corrections policy SOPD1-8.13 outlines procedure in detail. Documentation of the annual report denotes all required language. It is approved by the Department Director per policy. The report is available on the Department's website <http://doc.mo.gov/OD/PREA.php>. Further compliance with standard was verified through staff interviews.

It is recommended that the agency prepare the 2015 Annual Report for placement on the website.

§115.89 – Data Storage, Publication, and Destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This standard states that the agency shall ensure the data collected pursuant to 115.87 is securely retained. The agency shall make the data readily available to the public at least annually, with personal identifiers removed. The collected data shall be maintained for at least 10 years after the date of the initial collection.

Missouri Department of Corrections policy D1-8.1 requires that all investigative materials be maintained by the investigation unit. Policy SOPD1-8.13 provides for public viewing through the Department's website as noted above. Material is edited. A review of the website revealed no personal identifiers. All data is retained per standard, as evidenced by the retention schedule.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.


Auditor Signature

March 25, 2016
Date

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

PREA AUDIT REPORT ☐ Interim ☒ Final

Date of report: May 20, 2016

Auditor Information			
Auditor name: Elisabeth M. Copeland			
Address: 714 SW Jackson, Suite 300, Topeka, Kansas 66603			
Email: Elisabeth.Copeland@doc.ks.gov			
Telephone number: 785-291-3074			
Date of facility visit: May 4 – 6, 2016			
Facility Information			
Facility name: Women's Eastern, Reception Diagnostic and Correctional Center			
Facility physical address: 1101 East Highway 54, Vandalia, MO 63382			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 573-594-6686			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Angela Mesmer, Warden			
Number of staff assigned to the facility in the last 12 months: 469			
Designed facility capacity: 1560			
Current population of facility: 1767			
Facility security levels/inmate custody levels: C-5 Maximum			
Age range of the population: 18 - 72			
Name of PREA Compliance Manager: Tom Dunn		Title: Deputy Warden of Operations	
Email address: Tom.Dunn@doc.mo.gov		Telephone number: 573-594-6686	
Agency Information			
Name of agency: Missouri Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2729 Plaza Drive, Jefferson City, MO 65102			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 573-526-6607			
Agency Chief Executive Officer			
Name: George Lombardi		Title: Director	
Email address: George.Lombardi@doc.mo.gov		Telephone number: 573-526-6607	
Agency-Wide PREA Coordinator			
Name: Vevia Sturm		Title: PREA Coordinator	
Email address: Vevia.Sturm@doc.mo.gov		Telephone number: 573-522-1634	

AUDIT FINDINGS

NARRATIVE

PRE-AUDIT

A Notice of PREA Audit was sent to the Women's Eastern Reception Diagnostic and Correctional Center (WERDCC) on March 14, 2016 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on April 27 -29, 2016. At this time this auditor requested that the pre-audit questionnaire (PAQ) be sent to me no later than April 13, 2016. It should be noted that this audit is being conducted as part of five-state circular audit consortium consisting of Nebraska, Kansas, Missouri, Kentucky and Louisiana. Ms. Sturm forwarded the Notice of PREA Auditor to the Site Coordinator of WERDCC.

On March 22, 2016, this auditor contacted Vevia Sturm to reschedule the onsite portion of the audit to May 4 – 6, 2016 due to a scheduling conflict. On March 23, 2016, this auditor was informed that new audit dates would work for the facility. A new due date for WERDCC's PAQ was set for April 21, 2016.

On April 18, 2016, this auditor notified WERDCC that a flash drive containing WERDCC's Pre-Audit Questionnaire was received. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On April 26, a tentative agenda for the PREA audit was sent the Site Coordinator. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The auditor was accompanied on the site visit by a member of the Kansas PREA team, Joni Foster-Webster. The team was greeted and given a history of the facility by Warden Angela Mesmer and Deputy Warden I(Site Coordinator) Tom Dunn as well as other Executive Team members. The agency PREA Coordinator Vevia Sturm and Assistant PREA Coordinator Adam Albach were also in attendance throughout the audit process. After the initial meeting, a detailed tour was provided to the auditing team.

Warden Angela Mesmer and Site Coordinator Tom Dunn lead the onsite tour. The tour began with the housing units, one which contains the Substance Abuse Treatment program. The auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. It was noted that emotional support service information was missing throughout the facility. In all living units, with the exception of the segregation unit, toilets and shower stalls all had appropriate coverings.

In the segregation and crisis level units, the auditor found that cross-gender viewing was occurring as the toilets were located in each cell and were clearly visible when security checks are being made. Since male staff work in these units, this situation was discussed with the administrative staff and the statewide coordinator. After interviewing several inmates housed in the unit and male staff, it was determined that viewing of the toilets was only done as part of the security checks. Inmates stated they did not feel uncomfortable with male staff working the floor and they were always respectful of their privacy. The showers were located in an area outside of the cells and behind curtains.

While touring the Diagnostic Unit the team viewed the intake room and was viewed orientation packets. These packets included information on PREA. The intake officer was also able to show the orientation packets were available in various languages and in large print. The auditor also viewed the strip out room located behind a door and operated by female staff only. During this portion of the tour, the auditor was able to observe the video educating new intakes on PREA being played.

In addition to the living units, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked. Camera placements were also viewed and views were checked in the kitchen and in the segregation/crisis level units. WERDCC has only female staff monitoring the cameras.

After the tour, interviews were conducted with staff and inmates.

Immediately after the tour, the Site Coordinator provided the auditing team with staff rosters from all three shifts and provided a list of specialized staff. The auditor then randomly selected three staff from each shift, as well as established times to interview specialized staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected five inmates from each unit for a total of 40 inmates to be interviewed. The auditor then assigned four housing units to Joni Foster-Webster to interview and the remaining four were to be done by the auditor. Only three inmates refused to participate in the audit process.

WERDCC provided appropriate accommodations for the auditors to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at WERDCC was extremely helpful and polite throughout the entire process.

Auditors interviewed a total of 37 inmates that had various lengths of stay. The auditors interviewed a total of 21 staff to include the Warden, Site Coordinator, Investigator, Mental Health Staff, Human Resources staff, Intake Staff, as well as random staff from all three shifts.

Prior to the exit interview, the auditor reviewed onsite documentation and discussed results of interviews conducted by Joni Foster-Webster. We compared notes and reviewed standards. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On June 8, 2016 the PREA audit report was submitted to the PREA Resource Center for feedback as a requirement of certification for this auditor.

DESCRIPTION OF FACILITY CHARACTERISTICS

OVERVIEW:

The Women's Eastern Reception, Diagnostic and Correctional Center (WERDCC) is located in Vandalia, Missouri and officially opened January 5, 1998. It was built to replace the Renz Correctional Center that was destroyed by the Missouri River flood in the summer of 1993. WERDCC complex covers approximately 47 acres of the 117 acre site.

WERDCC receives offenders from all Missouri counties to begin their sentence to the Department of Corrections. WERDCC also houses probation/parole returns as well as those offenders sentenced to treatment.

The current population at WERDCC is 1,767 adult female offenders. During the past 12 months 3,329 offenders have been admitted to this facility. Of this number, 3,133 admitted had a length of stay longer than thirty days. The age range of the current offender populations is 18-72 with custody levels being from minimum to maximum custody.

WERDCC has 469 employees who have contact with the offender population. This staff is responsible for the security of ten buildings, which include seven multiple occupancy housing units, two single cell housing units, one open bay/dorm housing unit and a segregation unit. Currently, there are 56 cells (92 beds) used for segregation.

In addition to its 469 employees, WERDCC also has 351 volunteers and individual contractors who are currently authorized to enter the facility.

There are 41 investigators across the State of Missouri with two investigators being housed at WERDCC.

As mentioned above, the current complex covers approximately 47 acres (which is located within a secure perimeter) of the 117 acre site. The facility has the official capacity to house 1,560 offenders.

WERDCC consists of the following major components:

1. RECEPTION AND DIAGNOSTIC

When offenders are received at WERDCC they are photographed, fingerprinted, and DNA tested. Offenders receive dental and medical screening, and are given educational and vocational tests. Case management staff interview and evaluate the offenders, who are subsequently assigned a custody level and permanent facility based on the structure of their sentence, history, and individual needs.

2. GENERAL POPULATION

Once an offender is permanently assigned to WERDCC, she may be placed in a General Population Unit. The units are divided into four wings with four or five offenders assigned to each room. The wings are controlled by a central control unit. There is a dayroom with a television in each wing where the offenders are allowed to visit other offenders within their assigned wings.

Each wing has an upper and lower dayroom, three telephones, two laundry areas, a multi-purpose room that may be used as a quiet room, TV room or a classroom. Corrections Officers supervise the offenders and provide for the security and safety of the housing unit.

3. CLASSIFICATION

Each housing unit is supervised by a Functional Unit Manager (FUM) who supervised the staff and offenders in his/her housing unit. A clerical staff member assists the classification staff in each housing unit.

Each house has at least three Case Managers, some specialty units may have more. Classification staff maintains the offender's classification files to include filing documents and making appropriate chronological entries. They also complete regular Reclassification Analysis (RCA's) and update these as changes occur and process visiting applications.

Two Classification Assistants are assigned to the institution. CCA's are in part responsible for offender job assignments, room changes, custody relief during staff shortages, necessary data entry in offender classification files, notary services to offenders, and creating offender identification cards.

4. SUBSTANCE ABUSE TREATMENT

The Gateway Treatment Corporation is contracted to provide substance abuse treatment to WERDCC's population through group and individual therapy. The program provides substance abuse treatment services to both long-term and short-term Court and Board-ordered offenders. The program serves a maximum of 240 offenders, with no more than 90 day long-term and 150 short-term offenders at any one time.

The program requires 30 hours of services to clients each week which include re-entry, relapse, prevention, Living in Balance, Pathway to Change and others. One-hour, one-on-one, session is also provided monthly for program review purposes to evaluate offender progress.

Each offender is expected to take an active role in her treatment.

5. TRANSITIONAL HOUSING UNIT

Housing Unit Four is the "transition home" to offenders who are within six months of their release date. While in the Transitional Housing Unit (T.H.U.), each offender receives intense programming to assist with such areas as life skills, money management, and cognitive skills. During the last thirty days, a Pre-Release class addresses many issues a woman may face within a community. Plans are made with external sources to ensure continuity of care upon release.

The T.H.U. offers Pathway to Change, Anger Management and MOSOP has a class with Mental Health. Pre-release has resume writing, interviewing, social services, domestic violence, sex education, child support services, Parents as Teachers and Work Force Development.

6. MEDICAL

WERDCC has an onsite medical facility that provides most medical services with a 24 hour infirmary care. The Missouri Department of Corrections contracts with Corizon to provide medical care to the offender population. For WERDCC, medical services encompass Nursing, Doctors' Sick Call, Dental, Optometry, X-rays, and infirmary care. They are responsible for all medical requests the offenders need on a daily basis.

The medical unit is accredited by the National Commission on Correctional Health Care; however, it does not provide forensic sexual assault medical exams. All sexual assault medical exams are done at the Lincoln County Medical Center, 1000 E. Cherry Street, Troy, MO 63379.

SUMMARY OF AUDIT FINDINGS

It's clear that WERDCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of WERDCC leadership as well as the knowledge the staff demonstrated of PREA. WERDCC leadership was quick to respond to the lack of posted information on emotional support services and asked great questions when it came to the cross-gender viewing of the toilets in the segregation and crises level units. They were very open with the auditing team and wanted team's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. They were also very adamant that male staff do not conduct pat searches or strip searches of the women at the facility. While some stated they could not remember the PREA video, they did state that their case managers discussed PREA reporting with them. They reported that retaliation when making an allegation was not tolerated. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift and felt they had privacy when using the restroom, changing clothes and using the shower.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was also very cognizant of how to appropriately work with female offenders. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual. It is clear that there is a zero –tolerance culture at WERDCC.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was very open to any suggestions the auditors had when concerns were found on the tour.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. WERDCC was found to be in compliance with forty-three PREA standards and exceeded one standard.

Number of standards exceeded: 1

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11(a) WERDCC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. (See D1-8.13 Offender Sexual Abuse and Harassment, Section III (A)(2), page 6: "The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation." In this same policy the agency outlines how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This outline can be found starting on page 6 and ends on page 27.

This same policy also includes specific definitions of offender-on-offender sexual abuse as well as offender-on-offender sexual harassment. Definitions in this policy also define staff-on-offender sexual abuse and staff-on-offender sexual harassment.

WERDCC also has an additional policy that addresses zero tolerance towards all forms of sexual abuse and sexual harassment. (See D1-8.6 Offender Physical Abuse, Section III (A)(3), page 3: "The department has zero tolerance for all forms of offender abuse and retaliation." In III (B)(1) page 3 it further states, "Failure to report that an offender has been abused is a class A misdemeanor."

In addition to this policy, IS19-1.1, "Conduct Rules and Sanctions," Section II (N) Rules of Conduct (7), page 3, defines Forcible Sexual Misconduct: 7.1 Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity. On page 9 of this same policy, it states, "The first 9 conduct violations rules (1-9.4) shall be considered major conduct violations. Major conduct violations shall normally result in more severe sanctions than other violations. Any conduct violations, under unusual or extreme conditions, may be considered a major violation if so recommended by the adjustment board and approved by the warden/designee."

The auditor also reviewed the employee handbook. On page 20, "Offender Abuse and Sexual Contact with an Offender," it states, "...A person commits the crime of offender abuse by knowingly injuring the physical well-being of an offender by beating, striking, wounding or by having sexual contact with an offender. Offender abuse is a class C felony, which carries a maximum sentence of incarceration of seven years." It goes on to state "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor."

During the interviews with offenders at WERDCC, the auditor asked, "Do you feel that staff takes reports of sexual abuse and sexual harassment seriously?" The response from the offenders ranged from a simple "yes" to "they take it almost too seriously." When asked to explain what they meant by "they take it almost too seriously," the inmates explained that once a report is made staff is quick to "snatch" up everyone involved. They stated they are removed from the housing unit and talked to by investigators."

Through the tour of the facility, the auditor noticed signage in every living unit, recreation areas, dining halls, education building that stated sexual abuse is not tolerated at WERDCC. Signage also included ways offenders could report such abuse.

115.11(b) Missouri Department of Corrections (MDOC) has designated an upper-level, agency wide PREA Coordinator. The position of the PREA Coordinator is listed in the MDOC's organizational chart and is under the department's General Counsel. In addition, WERDCC has also designated the Deputy Warden of Operations as the PREA compliance manager. This position is also listed in the facility's organizational chart dated June 4, 2016 and reports directly to the Warden of WERDCC. Both positions are required per policy D1-1.13, Offender Sexual Abuse and Harassment, Section III (A)(4) and (5), page 6.

The site coordinator (PREA Compliance Manager) states, "Being the site coordinator is a huge responsibility. It's all new. I communicate compliance information to staff and make sure that I keep up with any revisions in the standards. I am active in committees and generating new policy when needed. I also teach core training to staff. I am busy. I support PREA and am behind it 100 percent."

The statewide PREA coordinator has worked closely with the state's facilities in preparing them for their upcoming audits. The site coordinator states, "She (the statewide coordinator) has been of great help and has worked hard to make sure we are aware of the standards and compliance requirements."

During this interview, the site coordinator was able to walk this auditor through WERDCC's coordinated response and gave several examples of how this response has come into play at this facility.

115.11(c) N/A WERDCC only operates one facility.

Standard 115.12 Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12(a) N/A WERDCC does not contract with private agencies or other entities for the confinement of inmates.

115.12(b) N/A WERCCC does not contract with private agencies or other entities for the confinement of inmates.

NOTE:

It should be that WERDCC's parent agency, Missouri Department of Corrections (MDOC) does contract with private agencies and other entities for the placement of inmates.

The requirement of the parent agency to require any new contract or contract renewals with private agencies or other entities the obligation of that party to adopt and comply with the PREA Standards.

This language can be found in MDOC's policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (9), page 7, states, "All residential contractors shall adopt and comply with PREA standards as outlined in their contract with the department..." The policy also states that Chief Administrative Officer or designee shall regularly audit residential contractors to ensure compliance with the PREA standards and the department may enter into contracts with an entity that fails to comply with PREA standards only in emergency circumstances.

WERDCC provided an example of what MDOC sends out in their request for proposals (RFP) for residential placement. On page 11 of the RFP, "The state agency has a zero tolerance for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact and consensual sex. Any contractor or contractor's employee or agent who witnesses sexual abuse or sexual harassment must immediately report it to the Chief Operating Office of the residential facility. A contractor or contractor's employee or agent who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be grounds for canceling the contract and may subject the contractor or contractor's employee or agent to criminal prosecution. Any contractor, contractor's employee or agent who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into the institution."

On page 12, the RFP also discusses PREA audit requirements, PREA reviews by MDOC, required staffing patterns as well as the requirements for specific PREA policies.

Standard 115.13 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13(a) MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (10)(11), page 7 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender populations, and the prevalence of substantiated and unsubstantiated offender sexual allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted."

In 2009, the MDOC Division of Adult Institutions established Correctional Officer staffing patterns for all facilities noting minimum staffing for all posts. The Division of Adult Institutions operates with an overall ration of one officer to six offenders, (1:6). MDOC follows National Institute of Corrections suggested methods of calculating staff needs per post. The ratios of supervisory staff to corrections officer and other staff is as follows: One to seven (1:7) Sergeants to Corrections Office I and a one to three (1:3) Lieutenant to Sergeants.

In regards to checking compliance with the staffing plan the warden states, "We review all overtime and why it happened. In addition we review staffing assignments, post orders, and our video monitoring. This is ongoing. We also check to see if documentation was made if there were changes."

The site coordinator states, "Our overall staffing levels are determined by Central Office. At the facility we are constantly reviewing cameras and DVRs for blindspots. We discuss whether more camera locations are needed and include that information in our annual report." The site coordinator also reports there have been no judgments or legal findings made against the facility.

115.13(b) N/A WERDCC has had no circumstances where there were deviations from the staffing plan.

115.13(c) WERDCC provided a copy of a memo from Dave Dormire, Director of Division of Adult Institutions to the statewide PREA Coordinator with WERDCC's Chief of Custody being carbon copied. The memo, dated July 24, 2015, reads, "This is in response to the Division's compliance to PREA Standard – 115.13 Supervision and monitoring. In regard to our staffing, the division continually reviews our staff planning to provide adequate staffing levels and we currently have no significant changes. If any one of the below eleven components would change, it would trigger a review of our staffing plan. Thank you."

Policy D4-4.8, Security Camera Operations, page 5, states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional requirements equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring should be augmented to supplement supervision by staff in accordance with department procedures regarding serious incident reporting and debriefing."

Auditor reviewed WERDCC's "Security Camera PREA Report." WERDCC currently has 673 cameras throughout the institution.

Auditor reviewed WERDCC's calendar year 2014 annual report. This report incorporates the review PREA cases, overview of the facility's handling of PREA cases (to include any corrective action the facility implemented), evaluation of monitoring systems as well as the staff plan. The evaluation of camera and monitoring systems was completed on March 10, 2014 and the evaluation of the staff plan was completed on March 19, 2014.

115.13(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, page 6, states, "Each facility shall ensure the intermediate-level or higher supervisors conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds will be documented and readily accessible during audits as outlines in the facilities standard operating procedure."

WERDCC also provided copies of post orders for shift commander, lieutenant assistant shift commander, zone 1 lieutenant, administrative segregation lieutenant and central services lieutenant. All post orders include the following statement, "Unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility. You will record each round on the staff sign in form on each unit."

Auditor reviewed 36 Shift Summary reports from various shifts. These reports document any significant events, changes in housing assignments, incidents of use of force, any special security orders, if staff overtime occurred as well as unannounced rounds completed by captains and lieutenants. These reports ranged from January 2015 to December 2015.

During the tour of WERDCC, the auditor stopped and talked to random staff in the housing units. At least one staff member from every housing unit was asked if supervisors conducted unannounced rounds. The overwhelming response from staff was "yes." They stated that management "is always walking around and going into the units to talk to staff and the inmates." The overall impression from staff is that management is approachable and they do not worry "when one comes on to the unit."

The auditor also interviewed the major in regards to unannounced rounds. He states, "I make unannounced rounds once a week while other supervisors make daily unannounced rounds. All rounds are documented in housing logs." When asked how they prevent staff from alerting other staff he replied, "There is really no way to prevent it. However, we don't have that issue here. Staff knows it is going to happen."

Standard 115.14 Youthful inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.14(a) In the past 12 months, only one youthful offender has been housed at WERDCC. She was admitted August 26, 2015 and was released December 25, 2015. **On the day of the audit no youthful offenders were housed at this facility.** Housing Unit 9 has been designated as the "Youthful Offender Housing Unit."

115.14(b) NA WERDCC has not had a youthful offender since December 2015.

115.14(c) NA WERDCE has not had a youthful offender since December 2015.

NOTE:

If a youthful offender is placed at WERDCC, the facility has policies in place that prohibit placing youthful offenders in a housing unit in which they will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common, space, shower area, or sleeping quarters.

WERDCC policy IS & SOP 5-1.1 Diagnostic Center Reception and Orientation, Section III (7), page 6 outlines the steps that must be taken when a records officer determines an offender is a youthful offender. The policy also states, "youthful female offenders will remain at the Women's Eastern Reception, Diagnostic and Correctional Center separated from offenders who are 18 years of age or older. Youthful female offenders will only be transported with other youthful female offenders. If housing is necessary the youthful female offender will only be celled with another youthful female offender or alone."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III, (C)(4), page 11 states, "A youthful offender shall not be placed in a housing unit which he shall have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters..."

This is also required by Missouri law: Chapter 217, Department of Corrections, Section 217.345, dated August 28, 2013

WERDCC policy IS & SOP 5-3.1 Offender Housing Assignments, Section III (2)(f), page 2, states, “Youthful offenders will only be housed with other youthful offenders (standard operating procedures (SOP) will be developed to specify how such housing assignments will be made.”

This auditor reviewed the Youthful Offenders Post Orders. A part of the post orders state, “Do not allow youthful offenders to come into direct contact with or communicate with adult offenders for any reason. Ensure the outer gates and outer doors of the youthful offender unit remain secured at all times. Check the unit log book and bulletin board daily for any policy memos, orders, information, or instructions. The officers assigned to the youthful offender unit will be responsible for contacting Control Center via telephone every 30 minutes for safety and security purposes.”

WERDCC also provided a copy of a memo dated August 28, 2015 which outlines recreation for Housing Unit 9 Youthful Offender(s). It states, “Recreation for the youthful offender in Housing Unit 9 will take place at 3 p.m. shift change. The offender should be escorted to the Visiting Room lobby to meet third shift staff. Third shift staff should then escort her to Recreation. Recreation should take place from 3:00 p.m. – 3:30 p.m. She should be afforded inside and outside recreation unless otherwise specified by Recreation Officers.”

Standard 115.15 Limits to cross-gender viewing and searches

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.15(a) WERDCC is a female only facility and does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past twelve months there has been no cross-gender strip or cross-gender visual body cavity searches of inmates.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) (7), page 12 – 13 states, “Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services procedure...Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks...Staff of the opposite gender shall announce their presence prior to entering an offender housing unit...Announcements shall be recorded...If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff shall verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff...”

Policy IS20-1.3, “Searches”, page 8, states, “To the extent possible, strip searches will be conducted in an area to allow privacy to the offender. Strip searches will be conducted by staff members of the same gender, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence, escape of an offender, endangerment of life, health or property of staff members, offenders, or the public, emergency movement situations (i.e., crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons.”

In the past 12 months there have been no cross-gender strip searches or cross-gender visual body cavity search. The facility did provide an example of the log that would be used if this would occur.

115.15(b) N/A This is WERDCC’s initial PREA Audit.

116.15(c) Policy IS20-1.3, “Searches,” also states, “Staff members will document a cross gender strip search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with standard operating procedures and forward the cross gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinator will maintain the cross gender search form and supporting documentation as deemed appropriate.”

This same policy also states, “Cross gender thorough pat searches of female offenders will only occur during exigent circumstances. These cross gender thorough pat searches will be immediately reported to the shift supervisor and the searching staff member will document the search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with SOP and forward the cross gender search form to the Prison Rape Elimination Act (PREA) site coordinator. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinate will maintain the cross gender search form and supporting documents for tracking purposes. At the diagnostic center, if the gender of the offenders is unknown, a female staff member will be assigned to perform the thorough pat search.”

Staff was emphatic that no cross gender pat or strip searches are allowed at this facility. All female inmates interviewed stated they have never had a male staff member pat or strip search them. They each verified that this was not allowed as there was plenty of female staff at the facility.

115.15(d) Policy D4-4.8 Security Camera Operations, Section III (B), page 4 states “As authorized by the CAO, stationary security cameras should be positioned where placement will enhance security operations as to view live monitoring of visual images in areas where offenders may be located...Security cameras may be placed in restroom/shower areas when barriers or camera positioning prevents the capture of images of genitals, buttocks, or female breasts.” On page 5 of this same policy it states, “The CAO will designate authorized staff to review visual images at the original source as it relates to their assigned job duties as outlined in standard operating procedures. Access to visual images and recordings should be limited in order to maintain integrity and security. Custody posts designated for the specific purpose of viewing offender confinement within living environments where use of restroom, showers, strip cells, etc., occur shall be designated as same gender posts with the approval from the appropriate deputy division director.”

WERDCC has also implemented additional policies that allow inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their genitals. IS & SOP version of 6-1.3 Offender Personal Appearance and Grooming, Section III (A)(1) states, “Offenders must be dressed at all times as nudity is not permitted at any time other than when taking a shower or to address hygienic and bodily functions. Offenders should use privacy barriers provided when using the restroom and when changing clothes.”

During the tour of the facility, auditor observed the PREA barriers in some of the living units. These are wooden barriers that inmates can pull in front the toilet and shower that would prevent staff from viewing their genitals. Staff can observe the inmate’s feet and shoulder areas.

All showers and toilet areas, with the exception of Housing Unit 5 (Segregation Unit and Crises Unit) are single person areas covered with appropriate curtains. Many of the shower area had double curtain coverage. Both staff and inmates stated that changing of clothes can occur behind the first curtain and showers will occur behind the second curtain.

In the segregation and crises level units located in Housing Unit 5, each cell had a toilet in open view when staff members physically looked through the cell window. This was a concern to the auditor as no privacy barriers were available in the cells. In discussing this with the facility administration and the Statewide PREA Coordinator, their stance was any viewing by male staff was “incidental to routine cell checks” which is allowed by standards. This auditor had her partner go into an empty cell and stand in front of the toilet while I stood outside the cell. The toilet could not be viewed while walking by the cell. The only time the auditor could see the toilet in its entirety is when I had my face to the window and looked into the cell and to the left.

After interviewing inmates and staff assigned to these units, the following was learned:

- Count time is the only time male staff would be on the wing and looking into the cells
- Inmates stated they hear when count is going to be conducted make sure they are not using the toilet at this time
- Each female inmate interviewed in this housing unit stated even though the toilet was in the open they felt they had privacy to use it; and if they were using the toilet when count was announced male staff did not linger in the window and stare at them

It should be noted this facility had 36 PREA allegations received in the past twelve months. None of the allegations received were from Housing Unit 5.

The showers in the segregation and crises level units located in Housing Unit 5 consist of a single stall located outside the cells. This stall had adequate covering for privacy including shower curtains that blocked the view from staff. For showers, each inmate is escorted from her cell to the shower and she showers alone.

After interviewing administration, staff and inmates in this housing unit, the auditor found this situation not to be a compliance issue.

RECOMMENDATION: If a substantiated PREA case does occur in this housing unit, it is recommended that this facility consider making this unit a gender specific post. This would eliminate any question regarding cross-gender viewing and allow for more direct cell checks.

Auditor reviewed multiple housing logs from all housing units and all shifts and verified that each log contained a cross gender announcement. Examples of cross gender documentation included the following language, "...made announcement on all four wings, there will be male staff working in or viewing your living areas. You are to utilize privacy barriers when necessary."

This auditor also reviewed post orders from WERDCC. The post orders include this statement, "At the beginning of every shift, you will announce MALE STAFF WORKING IN OR VIEWING YOUR LIVING AREAS. YOU ARE TO UTILIZE PRIVACY BARRIERS WHEN NECESSARY. This announcement and the time it was made will be logged in the chronological log."

Auditor reviewed a memo dated February 18, 2016 addressed to all wardens in Missouri from Dave Domire, Director, Division of Adult Institutions. The subject of this memo was "PREA Announcement – Revision." The memo reads, "When a cross gender staff member is assigned to the living quarters for the duration of the shift, the cross gender announcement shall be made at the beginning of the shift. If no cross gender staff members are assigned to a living quarters, an announcement shall be made every time a cross gender staff member enters the area. All announcements must be logged on the chronological log by the person making the announcement." This memo further reads, "If a circumstance arises to where a cross gender announcement could comprise the safety, security, and good order of the facility, then the shift supervisor may declare the circumstance to be exigent and grant the authority to wave the announcement. All exigent circumstances shall be documented by the shift supervisor. When immediate assistance is needed such as a 10-49 or a 10-5, prior approval is not necessary from the shift supervisor...To notify hearing impaired offenders of cross gender staff in the housing unit; all housing units should display a sign indicating when a cross gender staff member is present."

WERDCC provided a copy of an email dated February 22, 2016 from the PREA site coordinator to all staff notifying all staff of the revision to the cross gender announcements.

WERDCC currently has a gender specific post located in the Intake/Reception Area. This area is well supervised with the shower area closed off from the general intake. The shower area is closed off by a door and each individual shower inside is covered by a shower curtain. In the waiting area (where inmates can begin watching the PREA education video) is a restroom. Although toilet faces the door, it is adequately covered by a curtain. There is full privacy allowed for every offender. Even though this is a female only post, there may be male staff from other facilities transporting female inmates to WERDCC. Because of this fact, cross-gender announcements are still made in this area along with signs stating that male staff may be in the area. It should be noted that male staff are not allowed in the property/area.

Auditor also observed several control centers where video monitoring occurred. Any camera that was positioned to a single cell had the toilet areas blocked from viewing.

Control centers in the segregation unit and the crises level units are monitored by female staff only.

115.15(e) The facility has a policy prohibiting staff from searching or physically examining transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The policy SOP D1-8.13, Offender Sexual Abuse and Harassment, Section III, (C) (7c) states, "Staff members shall not perform strip – or pat-down searches or conduct physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center."

This is also prohibited in policy IS & SOP 11-34.1 Health Assessment and/or Physical Examination at Reception, page 5 and in IS & SOP 20-1.3 Searches, page 16. This policy reads, "The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning the information as part of a broader medical examination conducted in private by the responsible physician."

Currently WERDCC has no transgender or intersex offenders housed at the facility. In interviewing, both male and female staff stated male staff members were not allowed to pat search female inmates. Staff also stated they were not allowed to pat search an inmate to determine their genitalia. Intake staff stated if there was a question on the genital status of an inmate, medical would conduct the physical search.

Also in policy IS & SOP 20-1.3 Searches, page 17, it reads, "Gender Unknown Through Pat Search: At the diagnostic center, if the gender of the offender is unknown, a female staff will be assigned to perform the pat search." On page 17 it also reads, "Transgender or Intersex

Thorough Pat Search: When thorough pat searching a transgender or intersex male offender's upper torso, male staff member will utilize the female offender search technique."

115.15(f) Training requirements for cross-gender pat down searches of transgender and intersex offenders can also be found in SOP D1-8.13 Offender Sexual Abuse and Harassment, page 13. This policy states, "Staff members shall be trained in how to conduct cross-gender pat-down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs."

Auditor reviewed MDOC statewide lesson plan titled Institutional Searches dated May 2014. Instructions from cross-gender searches can be found on pages 13-14; the lesson plan reads, "As stated before, pat searches are preferable if conducted by same gender staff, but that is not always practical and a cross-gender search must be conducted. The cross gender search is comparable to a same gender pat search but when performed the officer will utilize the back of the hand to search the following areas: 1) chest or breast area, 2) sides, 3) armpits, 4) lower abdomen, and 5) buttocks. Please note a male officer search a female offender will only occur during an exigent circumstance. Policy IS20-1.3 states that an exigent circumstance is any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility." At this point of the lesson plan, participants watch two training videos: "Thorough Female on Male" (7:40 minutes) and "Thorough Male on Female" (7:58 minutes).

Transcript for the Thorough Male on Female Pat Searches can be found on pages 16-17; the lesson plan reads, "Have the offender face you and have them open their mouth while examine it for contraband. Have the offender show you the front and back of their hands. Have the offender remove any loose braids or bunched hair and have the offender lean forward, as they run their hands/fingers through their hair for visual inspection. If the offender does not provide you with an acceptable inspection you may, with the use of protective gloves, search the offender's hair. Have the offender show you the front and backs of their hands again; this will help prevent the movement of contraband between these areas. Have the offender turn around and approach the offender from behind, positioning yourself in a defensive stance at approximately 45 degrees angle. Instruct the offender to place their feet shoulder width or wider apart. Before you begin your search you must also remember to keep a visual on the offender and be mindful of your safety. Whenever searching an offender, no matter the gender, it is important to always be in a defensive stance and keep one hand placed on the back, shoulder or lower back of the offender. By keeping your hand on the offender you have a quicker reaction time to any sudden movements and the possibility of the offender becoming violent. Begin your search at the collar sliding the hand over the material. Using the palm of the hand, search the shoulder area and proceed along the top of the arm to the end of the shirt sleeve. Upon reaching the end of the sleeve use the back of the hand to search the underside of the arm. Slide the back of the hand along the under arm to the armpit. Using the back of the hand, slide it down to the offender's waist. From the armpit, use the back of your hand and search down the offender's side to the waistband. At the waistband, rotate the hand while simultaneously sliding it along the offender's waistband until the fingers come to rest in the center of the back just above the waistband."

Transcript for the Thorough Female on Male Pat Search can be found on pages 14 -16 and the Transcript for Transgender, Intersex or Gender Unknown Searches can be found on pages 20 -21 of the curriculum. The lesson plan reads, "Another unique search is a search involving a transgender, intersex or gender unknown offender. PREA requires the Missouri have a standard in place for pat search of transgendered and intersex offenders. Policy IS20-1.3 states that when pat searching a transgender male offender, male staff will utilize the female search technique when searching the offender's upper torso. If the gender of the offender is unknown, a female staff member will be assigned to perform the pat search."

WERDCC provided training records showing that 455 participants were trained in this curriculum from January 1, 2012 – December 31, 2015.

Staff interviewed remembered watching videos during training on pat searches and reiterated that male staff were not allowed to pat search female inmates.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC has established procedures to provide disabled inmates and inmates with limited English proficiency equal opportunities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.16(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) 6, pages 10 - 11 state "The department shall provide PREA related education in formats accessible to all offenders including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If the documents are unable to be translated as a recognized language the departments PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment."

WERDCC provided examples of PREA Brochures and Acknowledgement Forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese, Traditional Chinese, Large Print and Braille. PREA posters were in English and Spanish.

Transcripts of the video, "Speaking Up," from the National Institute of Corrections are available for the hearing impaired. They are available in English and Spanish.

Policy D5-5.1, "Offenders who are deaf or hard of hearing shall have access to teletypewriters and/or free access to roll free numbers for telephone relay systems." NOTE: WERDCC has one telecommunications device located in Housing Unit 4 (D-Wing, lower level). This policy also reads, "The functional unit manager/caseworker shall take appropriate steps to ensure that all employees having contact with an offender who deaf and hard of hearing are made aware of the person's need for effective communication and how to achieve it."

Auditor viewed various intake packets in the Reception Diagnostic Center in different languages. PREA posters were located throughout the facility in English and Spanish.

WERDCC currently has five staff members that can interpret Spanish, Tagalog, Thai and Sign Language. These staff members have agreed to act as interpreters if needed by the facility.

Auditor reviewed the following contracts: Sign Language Interpretive Services (3/31/2015), Language Interpreter – Verbal (6/30/2015), Written Language Translation Services (4/30/2017), and Telephone Based Interpretive Services (6/30/2015).

Random staff interviews indicated that staff was aware of other staff member that could be used as interpreters. The overall consensus on using offenders as interpreters can be summed up by this quote, "Only if the safety and security of the facility was a factor."

On the day of the onsite portion of the audit there were no inmates with limited English proficiency or were hearing or visually impaired housed at WERDCC.

It should also be noted that as part of all institutional basic training, staff receive a two hour course on special needs offenders. This course focuses on comparing and contrasting individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff will assess potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

115.16(c) Policy D5-5.1, Deaf and Hard of Hearing Offenders, reads, "The deaf or hard of hearing offender shall be offered the assistance of qualified interpreters and have other auxiliary aids expressed to them during the diagnostic process. The methods for requesting accommodations or modifications shall be reviewed with the offender. Deaf or hard of hearing offenders shall be advised of the request for reasonable accommodation from and how to obtain it. The waiver of certified and licensed interpreter will be reviewed with the offender. Medical staff shall complete the medical verification section of the request for reasonable accommodation form and consult with the caseworker and the Americans with Disabilities Act site coordinator to determine the appropriate accommodations for the offender."

The policy defines a qualified interpreter as a person certified and licensed by the Missouri Interpreter Certification System or deemed competent by the Missouri Commission for the Deaf. This policy does allow for inmates to obtain this certification. "The offender interpreters shall be educated and shall agree to keep all matters and information learned while performing interpretive services confidential. During medical and mental health evaluations, communication between patient and medical personnel is critical to the effectiveness of treatment, safety and security of the offender. Due the need to maintain confidence in medical and mental health evaluations, offenders will not normally act as sign language interpreters. As determined by attending medical staff, in cases of emergency where failure to communication would result in serious injury, illness or death, offender interpreters will be permitted."

When addressing counseling hearings the policy reads, “When either the offender or counselor seeks to discuss information that is confidential in nature, the offender may choose whether or not to use an offender interpreter.”

The policy continues to read, “Qualified interpreters shall be made available for offenders who are deaf or hard of hearing and use sign language under the following circumstances...formal investigations conducted by the department staff to include PREA related claims...” In addition, it reads, “Staff shall work with the deaf and hard of hearing offender to determine the best means of communication that will be most effective in gathering accurate information.”

It should also be noted that listed in the WERDCC’s Coordinated Response is the following statement, “If an offender interpreter is utilized during this exigent circumstance, the shift commander will note such on the Notification Checklist. NOTE: No inmate interpreters have been used in this type of circumstance.

Standard 115.17 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC has several policies in place that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor, volunteer, or intern who has engaged in sexual abuse of an inmate.

115.17(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B), pages 7 – 8 states, “Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he has engaged in sexual abuse with an offender...”

WERDCC provided a copy of an email from the State HR Director dated 12/1/2014 to all facility Human Resources divisions outlining ineligibility of applicants with substantiated allegations or resigned during an investigation.

Another email from MDOC administration dated 5/16/2015 was to all contractors advising them that if a potential applicant has a substantiated case or resigned during an investigation for such, they are ineligible to be inside MDOC facilities.

Prior to conducting an interview with facility’s human resources director, a random selection five employee files was conducted to determine whether a criminal background check was conducted. In all five files, the audit team was able to find documentation that criminal background checks were conducted. In addition, the auditor reviewed random yearly background checks on nine contracted staff and three volunteers.

During the human resources director’s interview, she stated the facility asks all applicants/employees about any previous misconduct. She advised question is on all applications. **NOTE:** A blank copy of the application for employment for WERDCC was provided to the audit team. The audit team was able to locate these three questions:

- While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?
- Have you pled guilty to or been found guilty of engaging in sexual activity or attempting sexual activity involving force or inflicted upon a person unable to give consent?
- Have you been found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes actions taken upon a professional license or a professional registry and any internal administrative investigation results.

115.17(b) Policy D1-8.13 Offender Sexual Abuse and Harassment further states, “Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor...”

The human resource director indicated that questions asking if applicants have ever worked in a facility governed by PREA include questions on sexual harassment. If they indicate “yes” on the application, it is investigated.

On the copy of the blank application (appendix 1) given to the audit team it reads, “Effective August 2013, the Department of Corrections must be compliance with final standards implementing the Prison Rape Elimination Act (PREA), issued by the U. S. Department of Justice. The following questions are being asked of all applicants who may have contact with offenders as part of their regular job or volunteer duties.” (The questions listed are sited under documentation for 115.17(a).)

115.17(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, “Before hiring new employees the human resources staff members or designee shall perform a criminal background records check and contact all prior institutional employers when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse...”

The following hiring policies also have a PREA component: D2-2.1, Selection Procedure – Merit Appointments, page 8; D2-2.2 Background Investigations, pages 2, 4, 5; D2-2.8 Promotional Appointment, page 3; D2-2.10 Re-Employment Appointment, page 3; D2-13.1 Volunteers, page 6; D2-13.2 Student Interns, page 4. Each of these policies has the following statement, “A background investigation shall be conducted in accordance with the department procedure regarding background investigations.”

The human resource director at WERDCC states that criminal background checks are done for all newly hired and returning employees.

115.17(d) D2-2.2, Background Investigations, defines a staff person as any person who is employed by the department on a classified or unclassified basis (permanent, temporary, part-time, hourly, per diem) and are paid by the State of Missouri’s payroll system; contracted to perform services on a recurring basis within a department facility (such as medical services, mental health services, education services, vocational services, substance abuse services, etc.) pursuant to a contractual agreement and has been issued a permanent department identification card; a volunteer in corrections; a student intern; or issued a permanent departmental identification or special access card or special access in accordance with department procedure regarding staff identification.”

A memo dated 4/24/2015 to the HSH of Corizon Health was reviewed by the audit team. This memo advised Corizon Health to run a background check on all applicants before setting up an interview.

The facility’s director of human resources reported background checks are done for newly hired and returning employees, contractors. She states the facility uses the Highway Patrol’s System as well as MULES to conduct criminal record checks. She also states that employees have a duty to report any arrests. When it comes to reporting information on former employees who apply to work at other institutions, she states, “This is done through Central Office. They can look in the COIN system to see if this information exists.”

115.17(e) D2-11.14 Annual Employment Requirements reads, “Each calendar year, in the month following each staff member’s birth month, specific employment requirements verifications should be conducted; a criminal history check shall be conducted to include outstanding warrants...” The policy goes on to read, “Criminal history checks will be conducted and will consist of a query through the Missouri Uniform Law Enforcement System (MULES), and the National Criminal Information Center (NCIC) system. Staff members conducting the Missouri Uniform Law Enforcement System and National Criminal Information Center checks will document the name and title of the requestor and the reason for the request on the criminal history record log/printout. When adverse findings are not, the CAO will be notified and copied on the criminal history printout.”

Policy D2-2.2 Background Investigations reads, “A check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for substantiated allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is considered for other appointments.”

The auditor reviewed seven contracted employees, three permanent employees and three volunteer employee files and found yearly background checks in each.

115.17(f) The auditor also reviewed the employee handbook. On page 18, “Employee Conduct – Reporting Criminal Misconduct (Arrest)” states, “Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation.

The human resource director stated that it specifically listed on their applications that all arrests are to be reported to the facility.

115.17(g) On page 45 of the employee handbook, “Employee Discipline,” it states, “Appointing authorities of the Department are authorized by state law to discipline employees. Disciplinary action may consist of a written reprimand, suspension, demotion, or dismissal. The appointing authority may discipline an employee based upon unsatisfactory performance of job duties or misconduct...In addition to these actions while on duty, an appointing authority may discipline an employee for off duty misconduct, especially misconduct that is unprofessional or criminal. Employees who have been charged with a criminal offense may be suspended while the charge is pending.”

115.17(h) Policy D2-5.1 “Maintenance of Employee Records”, page 7, Section (III)(K)(3) states, “A verification of information, other than public information, will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of an offender or resident during employment by the department. Such information will be obtained by contracting central office human resources.”

Standard 115.18 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a) N/A WERDCC has not acquired a new facility or made a substantial expansion to the existing facility since August 20, 2012. This is WERDCC’s first PREA audit.

115.18(b) WERDCC has installed and updated their video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. This is WERDCC’s first PREA audit.

PREA Annual Report Protocol “At least once a year, the facility must evaluate their need for additional cameras and monitoring systems.”

Auditor reviewed the Security Camera PREA Report, it states: “We installed 29 ameba dvr systems and cameras thru out the institution in and around 2011 or sooner. We installed 16 cameras per ameba dvr system. Then in and around 2012 or 2013 we install several pelco dx 8100 dvr systems making the quality of the pictures and resolution five times better so you could detect the persons are objects in the picture frames. We also could manage the amount of data that was store on the hard drives to approximately thirty day. When we install the pelco dx8100 we could add 16 more cameras per dx8100 throughout the institution. This amounted to 32 cameras per dx8100 system. As of this day we have improved on our system by removing several ameba dvr systems and installing the pelco dssrv dvr systems that in able us to install 64 analog cameras and 64 ip cameras per dssrv in and around the institution. Which in turn lets us provide more viewing and more safely , securing of areas in the institution .We have 5 Pelco dssrv dvr systems now install in the institution with approximately 48 cameras on each of them. We are also installing more dssrv in the future and upgrading our system for viewing anywhere around the institution. In the future we hope to install 360 degree cameras thru out the institution and ip cameras for more reliability and covering more hidden areas in the institution. At this time we have approximately 673 cameras thru out the institution.”

Policy SOPD4-4.8 “Security Camera Operations,” page 6, states, “Custody posts designated for the specific purpose of viewing offender confinement within living environments where use of restroom, showers, strip cell, et., occur shall be designated as same gender posts with approval from the appropriate deputy division director. EXCEPTION: The WERDCC security camera monitor post is not to be gender specific; however, certain areas of known/anticipated nudity will be blocked from live electronic viewing if that post occupied by a male officer.”

The warden states, “We try to put the cameras where there may be blind spots. We are always checking the cameras for recording and labeling. Every year we look to see where new cameras should be located”

While touring the WERDCC it was noted that the facility had excellent camera coverage. Camera placement along with direct supervision of the staff reduced blind spots and enhanced the safety of the offenders housed at this facility.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Investigations conducted at WERDCC follow a uniform evidence protocol. This protocol is also developmentally appropriate for youth.

Forensic medical exams are offered without financial cost to victims. All exams, where possible, are conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners. If they are not available qualified medical professionals conduct the exams.

Victim advocates are made available to all victims.

115.21(a) Auditor reviewed WERDCC's "Evidence Procedure Manual." Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations." The State PREA Coordinator reports, "We didn't use a specific source; we follow the national standards based on training received."

Corizon Health is responsible for providing all medical and mental health services to offenders placed in the custody of MDCO. They are responsible for conducting initial medical exams on all sexual abuse cases. Auditor reviewed the contractual requirements MDOC has with Corizon. On pages 42 and 43 of the contractual requirements, it reads "Corizon will comply with the Prison Rape Elimination Act of 2012 and will follow and enforce the MDOC's D1-8.14 Offender Sexual Abuse and Harassment policy with the assurance that access to medical and behavioral health care will be provided immediately, upon report or discovery, to victims of sexual misconduct. Corizon's medical and behavioral health care staff will contribute to a coordinated response to all allegations of sexual abuse by relaying, to the designated MDOC administrative staff, information pertinent to the well-being of the offender(s) of for investigative purposes. Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers. Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center."

During the interviews of random staff all stated they would secure and separate the offenders. They explained they would not allow anyone to shower, get a drink or change clothes. They stated they would secure the scene and notify their supervisor. While some of the staff was not sure who was responsible for conducting the sexual abuse investigations, they all knew their role in preserving evidence.

115.21(b) Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations." The State PREA Coordinator reports, "We didn't use a specific source; we follow the national standards based on training received." The State Coordinator also reports this protocol is appropriate for youth.

115.21(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (G) Health Services Care, pages 17 – 20, states "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks or vulva, of any kind, however, slight, by hand finger, object instrument or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact

the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation, hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam.” WERDCC has a contract with Lincoln County Medical Center in Troy, Missouri to conduct all SANE/SAFE’s In the past 12 months, no exams have been performed.

115.21(d)(e) In addition, policy D1-8.13, “Offender Sexual Abuse and Harassment,” Section III (K) page 20, addresses Advocacy. It states, “Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention and be available during the investigative process. Each facility shall attempt to enter into a memorandum of understanding with a rape crisis center to provide advocacy services in accordance with the department’s procedure regarding professional and general services contracts. If a facility is unable to enter into a memorandum of understanding with the advocacy center, the attempt shall be documented and advocacy services shall be sought from a community based organization qualified to provide such services. When the facility cannot successfully enter into a memorandum of understanding with an outside community service provider for offender victim advocacy services, a qualified staff victim advocate shall be provided. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services.”

WERDCC has a contract with ACCIS to provide advocacy services. If an advocate is not available, Chaplains at the facility have been trained by the Missouri Coalition against Domestic and Sexual Violence to be qualified staff advocates. (Auditor reviewed curriculum used to train Chaplains.) Facility also has established a PREA Advocate Availability Rotation Schedule.

During the tour of WERDCC information about outside emotional support services was not available to the offenders. The auditor requested that this information be posted in all living units, visitation, offender work areas (kitchen, laundry, and maintenance), diagnostic unit, medical, recreation, dining rooms, chapel and vocational buildings. The facility immediately made posters available and were posted in the designated areas by the end of the onsite portion of the audit.

When discussing how the facility ensures the rape crises centers are providing qualified victim advocates, the site coordinator states, “The MOU’s we sign make the qualifications a requirement and we verify the information.” The Site Coordinator also states, “Our chaplain is also trained to be an advocate if one is needed.”

While this auditor interviewed several inmates that reported sexual abuse, only one was willing to talk about her experience. She reported that she was not aware that she could have access to an advocate. She states that no one from the community came and spoke with her.

RECOMMENDATIONS: It is recommended that offenders are re-educated about outside emotional support services. One way this can be done is during meetings between offenders and their case managers. Case managers can have this information readily available in their offenders if they receive a report that sexual abuse has occurred.

The auditor did review three Corizon files that included Sexual Allegation Notification Form 2015. This is the form Corizon staff completes upon such notification. It includes a brief incident of the event and notifications Corizon staff has made. In addition to this form, Corizon also uses a form that documents whether an advocate was requested. The offender must sign the form indicating whether they are requesting an advocate or refusing advocated services. All three files viewed contained both forms and signed refusals advocate services.

115.21(f) The Inspector General’s Office conducts all criminal investigations for the MDOC. Each facility has investigators assigned to them. WERDCC currently has two investigators. WERDCC is responsible for administrative investigations.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency ensures that administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred to the Inspector General for review. They determine if a criminal investigation is to be opened. If they do not open a criminal investigation, the warden then refers the case for administrative investigation.

115.22(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Investigations, page 20-21, states, “The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department’s intranet website...”

See also policy D1-8.4 Administrative Inquiries, page 6, reads “The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department’s procedure regarding offender sexual abuse and harassment...Allegations of category II or III behaviors will be processed in accordance with the department procedure regarding the investigation unit responsibilities and actions. Allegations of offender abuse related to pat searches will be handled in accordance with the PREA coordinated response protocol. The office of inspector general may conduct investigations associated with pat searches depending on the nature of the allegation.”

WERDCC provided examples of their coordinated response as well as several investigations, one of which was referred for prosecution. An example of the tracking form used by the facility was also provided.

During the past twelve months, WERDCC received a total of 36 allegations of sexual abuse and sexual harassment. Of these cases 14 resulted in administrative investigations and 22 were referred for criminal investigations. All 36 investigations have been completed.

115.22(b) Policy D1-8.1 Investigation Unit Responsibilities and Actions define offenders’ sexual harassment by a staff member and staff member sexual misconduct. On page 7 of this policy it reads, “The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment. If the department receives notification from another agency that an offender alleges to be a victim of sexual abuse or harassment while incarcerated in the department, an investigation or inquiry may be conducted in accordance with investigation unit responsibilities and actions or administrative inquiries procedures.”

115.22(c) Policy D1-8.13 Offender Sexual Abuse and Harassment can be found on MDOC website at <http://doc.mo.gov/OD/PREA/php>

Standard 115.31 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC trains all employees who have contact with inmates on the 10 elements identified in this standard.

115.31(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. “All staff members shall receive initial PREA training during the department’s basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency’s current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department’s PREA coordinator shall provide current information on sexual abuse and sexual harassment policies. Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release

supervisors shall receive specific PREA training during their offender work release procedure training.”

Auditor reviewed the following curriculum: Basic Training, dated November 2013; and PREA 2014 Refresher Training. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

Training logs were also reviewed. From January – December 2015, 469 participants were trained in PREA 101 and 524 participants received the 2014 refresher training.

All staff interviewed during this audit was able to describe major portions of the training they received on PREA.

115.31(b) Policy D1-81.13 Offender Sexual Abuse and Harassment also reads, “All new staff member who shall be placed at a female facility will receive Working with the Female Offender training prior to being placed on post. A staff member shall receive additional training if they are reassigned from a facility that houses only male offender to a facility that houses only female offenders. A staff member shall receive additional training if they are from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional training occurred more than two years prior to the time of assignment.”

Auditor reviewed “Working with the Female Offender” curriculum. This four hour course covers the following topics: 1) the needs of the female offender and the impact upon corrections, 2) differences between male and female offender behaviors in the corrections sub-culture, and 3) maintaining professional boundaries between staff members and the female offender. In the past calendar year, 50 new WERDCC employees have received this training.

Policy D2-2.13 Transfer of Employees (E), page 6, covers training requirements for staff that transfer between facilities. WERDCC provided records of 16 employees that transferred to this facility and received “Working with the Female Offender” training.

115.31(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (B) (4) reads, “All staff members shall complete refresher training every two years to ensure knowledge of the agency’s current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department’s PREA coordinator shall provide current information on sexual abuse and sexual harassment policies.” From January 2012 to December 2015, 524 WERDCC employees have received the PREA Refresher Training.

Auditor was also advised, “The department utilizes several avenues to ensure staff are kept informed about sexual abuse policies and practices between trainings. The department’s policy and procedure unit is responsible for forwarding all new and revised policies to all staff. MDOC ensures the PREA intranet page is kept up to date. This page is readily available to all staff and contains all things PREA.” (Auditor was provided an example of what this page looks like.)

115.31(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, “All completed PREA trainings shall require a PREA Acknowledgement form or PREA basic training acknowledgement form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgement form to the central office human resources personnel for retaining in the employee’s personnel file...”

Auditor reviewed training records of random staff found signed acknowledgments in each file.

Standard 115.32 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

115.32(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, “Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training.”

Auditor reviewed the following curriculums:

- PREA Basic (This is the same training that all staff receive.)
- Volunteers in Corrections – PREA and Discrimination, Harassment, and Retaliation (2 hour Refresher course)
 - This course teaches volunteers to identify the characteristics of a PREA victims and perpetrator and how discrimination and harassment may affect the workplace.
 - From 2013 – 2015, 128 volunteers received this training.
- Offenders Work Release Procedures and Training (3 hour course)
 - This course teaches signs of offender sexual abuse and to identify appropriate responses to be taken by staff when there is an allegation of sexual abuse.
- The Profession of Corrections and PREA (2 hour course)
 - From January 2013 through December 2015, 49 contract staff received this training.

While interviewing contract staff, they reported they not only received PREA training from the facility, they also received PREA training from Corizon and Gateway.

115.32(c) Auditor reviewed random training records of volunteers and contractors. Eight volunteer files were pulled and all had signed acknowledgments. In addition, six contract staff records were reviewed. All three had signed acknowledgments.

Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC provides information to inmates at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and harassment.

115.33(a) Memo from Director of Division of Adult Institutions, dated 4/11/2012 to all Wardens discussed PREA – Offender Education. This memo stated that “Speaking Up” video must be shown during formal orientation at all Reception and Diagnostic Facilities and again when they arrive at mainline facilities. They must also receive the PREA brochure “Offenders Sexual Abuse: What you need to know.”

Auditor toured the R & D Unit of WERDCC and was taken through the intake process. Inmates view the video “Speaking Up” before leaving R & D.

Intake staff stated that PREA information is provided to all offenders on the day they arrive at WERDCC. They do not leave intake without watching the PREA video. They are also given a brochure at this time.

When talking with inmates at WERDCC, all stated they watched the PREA video and received PREA information upon arrival. (While this auditor toured the intake area, the PREA video was being played. The auditor was told the video is played on a continuous loop in the waiting area for all offenders to watch.)

In the past 12 months, a total of 3,376 inmates were given PREA information during intake.

Auditor also viewed four examples of the offender acknowledgment forms stating they received and understood the PREA education. (A total of six random forms were viewed from ranging from 2013 to 2015.)

115.33(b) Auditor reviewed a memo dated March 9, 2016 to all staff from the Site Coordinator. It was titled, "PREA Offender Education." The memo reads, "Offender PREA education is provided at WERDCC through many avenues. During intake, offenders view a short educational PREA video. Within days, offenders then watch the "Speaking Up" video during orientation with the associated lesson plan provided by a Case Manager. All offenders receive a PREA brochure during orientation. In addition the video is played on the institutional television channel. Informational PREA posters are also posted throughout the institution in all areas offenders are allowed."

In the past 12 months, a total of 3,133 inmates (whose length of stay in the facility was for 30 days or more) received PREA education. This was done in the form of the educational videos and brochures. In addition, informational posters were found throughout the facility.

115.33(c) Auditor reviewed an email sent out to all Site Coordinators from the Statewide PREA Coordinator on August 12, 2013. This email contained the following directive: "Don't forget that sometime between August 8 and August 13, every offender in your facility must receive a PREA brochure and sign the acknowledgement form. I have attached the memo that you received during the meeting that will outline how to order additional brochures or acknowledgement form. Also...we learned during the DAI meeting that everything can be purchased with canteen funds."

Auditor reviewed four signed acknowledgement forms from 2013.

115.33(d)(f) Policy D1-8.13 Offender Sexual Abuse and Harassment Section III (C) 6, page 12, discusses Offender Education must be provided in the native language of the inmate and in formats that deaf, visually impaired or otherwise, can understand. It also states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If the documents are unable to be translated in the offender's native language the department's PREA site coordinator or designee shall work with additional staff to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook and the offender brochure on sexual abuse and harassment in accordance with the institutional services procedure regarding diagnostic center reception and orientation."

WERDCC provided examples of PREA brochures and posters in the following languages: English, Japanese, Serbo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese and Traditional Chinese. Brochures are also available in large print and braille. There are also written transcripts of the video "Speaking Up for Female Offenders" in English and in Spanish.

Throughout the tour the audit team viewed PREA informational posters in all living units and other areas inmates gathered. These posters were in English and Spanish.

115.33(e) Auditor reviewed three additional inmate acknowledgment forms dating from September 2015 – December 2015.

Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Agency maintains documentation of such training.

115.34(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (5), page 8, states, “All new investigators and administrative inquiry officers (AIOs) or designee assigned to investigate sexual abuse allegations shall receive specialized PREA Training by the designated inspector general’s office staff members.”

Investigator was able to articulate what they received in this training and the basic PREA training that all staff received. The investigator also reported he received training in PREA Crime Scenes and Evidence Collection as well as jail crime scene photography.

115.34(b) Auditor reviewed the curriculum “Investigating Offender Sexual Abuse in Confinement Settings,” 36 hour course designed for Inspector General staff and Investigators. This curriculum was last revised September 24, 2012 and covered the following topics:

- Techniques for interviewing sexual abuse victims (Module 4 “Investigating Allegations of Sexual Abuse,” pages 12 – 16)
- Proper use of Miranda and Garrity (Module 2 “State Laws and Policies” pages 22 – 26)
- Criteria and evidence required to substantiate a case for administrative or prosecution referral (Module 4 “Investigating Allegations of Sexual Abuse” page 8 -11 and pages 18 -30)

This training curriculum also included a module titled “Mock Crime Scene Investigations” wherein participants took what they learned in previous modules and applied it a practice setting.

115.34(c) The auditor reviewed training logs and found that all 41 investigators have been trained statewide. The Investigators also signed acknowledgments stating they received and understood this training. While onsite, the auditor reviewed the training logs of the two investigators assigned to WERDCC.

Standard 115.35 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC has a policy related to training of medical and mental health practitioners who work regularly on its grounds. They **do not** provide forensic examinations.

115.35(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) page 9, states, “Medical and mental health staff members shall receive annual specialized PREA training.”

Auditor reviewed curriculum “PREA Specialized Medical/Mental Health Professionals” dated September 2012. This course is worth four hours and covers the following topics:

- How to detect and assess signs of sexual abuse and sexual harassment (pages 17 – 19)
- How to preserve and physical evidence of sexual abuse (pages 20 -22)
- How to respond effectively and professionally to victims of sexual abuse (page 23)
- How to and whom to report allegations and suspicions (page 15 – also addresses mandated reporting)

During this training, participants also viewed an eleven minute film titled “Maintaining Professional Relationships with Offender.” After viewing this film, participants were required to sign an acknowledgement form stating they viewed and understood the film.

115.35(b) N/A The medical staff at the facility to not conduct forensic exams.

115.35(c)(d) Auditor reviewed training rosters indicating that 26 medical employees received a PREA refresher. The auditor viewed a random sample of three participants and found the certificates.

Medical/Mental Health Staff states there staff is required to attend that CORE training provided by the facility. Staff interviewed articulated what was provided in training and were able to discuss their responsibility as mandated reporters. Each staff member interviewed was able to explain WERDCC's coordinated response.

Standard 115.41 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC has policy that addresses risk assessment screening upon admission to their facility as well as addresses reassessment requirements.

115.41(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C), pages 10 -11, states "Facilities shall assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure...Offenders shall be assessed within 72 hours of arrival. Offenders shall be reassessed within 30 days of arrival."

The time frame for administering the Internal Risk Assessment is also found in IS & SOP version of 5-2.3, Offender Internal Classification. On page 3, Section C (1), states, "Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification. In this same policy on page 4 in Section D (2) states, "CCM's will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score."

Intake staff advised that the risk assessment tool is given to all arrivals within 72 hours, unless they sign the refuse to participate form. Intake staff also report that these inmates are also reassessed at the 30 day mark to see if any changes have occurred. (Auditor did reviewed an example of "Refusal to Participate" form that inmates can sign if the refuse to participate in the risk assessment. Inmates are also told that no sanctions will be given for refusal to participate.)

Inmates that were interviewed states they remembered being asked a "bunch of questions" at when they were at intake. They reported they were asked about prior sexual abuse, if they had ever been incarcerated before and if they were lesbian or bisexual. Several stated they did not understand why the facility needed that information and after the auditor explained the purpose of these questions the inmates reported "that makes sense."

RECOMMENDATION: Intake staff and Case Managers need to be reminded that questions they ask are very intrusive and can shut down communication with the inmate if they are not handled professionally and explained. Intake staff and Case Managers may need to take a few minutes and re-educate inmates as to why they are asking personnel questions. Inmates need to be reminded that these questions, especially about sexuality, are designed to ensure their safety.

There were 3,376 inmates entering WERDCC within the past 12 months who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. This auditor reviewed the tracking form used to track the inmates date admitted to WERDCC, the date of the 72 hour assessment, 30 day review and the date the 30 day review was completed. All assessments were completed in a timely manner and according to standards.

115.31(c)(d)(e) Auditor reviewed WERDCC's risk screening tool and found all 10 elements in this standard were covered. Auditor also reviewed examples of assessments that were completed within 72 hours of intake and examples of reassessments at 30 days and those that were even driven. This tool has been adopted by MDOC and is used in all of their state operated facilities.

Auditor also reviewed the "The Adult Internal Risk Assessment Manual" which contained relevant information on how to complete the PREA Audit Report

internal risk assessment. For example this manual contained information found in agency policy for example information on reassessment requirements can be found on page 8 and on page 9 a user can find information on how to interview an offender to obtain the information necessary to accurately completing the assessment. The manual was well laid out, provided explicit instructions on how to score the assessment and included screen prints on how to enter the assessment into the facility's database.

All offenders are assigned one of the three following scores:

- Alpha – high potential for sexual perpetration
- Kappa – not a high risk for either sexual victimization or perpetration
- Sigma – high risk for sexual victimization

During the interview with a staff member who performs screening for risk of victimization and abusiveness, they reported the screening too takes into account medical issues, disability, have they been a victim, have they been in prison/jail before, their age, weight, and type of offenses they have committed. They stated this assessment is done when they arrive intake.

115.41(f)(g) Policy IS5-2.3, Offender Internal Classification, reads, “CCM’s will complete a second internal classification within 30 calendar days of the offender’s arrival to the facility...”

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (C)(1), pages 10, states “The offenders risk level shall be reassessed when warranted due to referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offenders risk of sexual victimization or abusiveness.”

Also on page 4 of this same policy in Section D (3) it states, “A second internal classification will be completed within thirty calendar days of the offender’s arrival at the reception and diagnostic center, if they have not been transferred. If there is a change in the offender's internal classification score a case manager will review the offender's housing assignment to determine if a change in bed assignment is required. If an assignment change is required, this must be made on the same day the internal classification is completed. Any time an offender is returned to a diagnostic center this process will be repeated.”

115.41(h) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, “...The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment.”

The Adult Internal Risk Assessment Manual also states, “...The Case Manager should attempt to complete the assessment to the best of their abilities. The Case Manger should note in sections requiring offender response “refused to participate” and answer no to those questions. Offenders cannot be disciplined for refusing to answer questions...”

115.41(i) On pages 4 and 5 of Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, outlines how the internal classification scores will be documented. In Section (F) it states, “(1) Upon completion of the internal classification process, a printout of the results will be placed in the offender's classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention. (2) CCMs will enter the offender's internal classification score into the department computer system along with the date of internal classification and their employee identification number in accordance with the internal classification manual.”

The Adult Internal Risk Assessment Manual also states, “Click on Assessment Listing (Do not print the final formed version of the assessment). Find the assessment in the Assessment Listing screen for the offender. Click on the file folder icon in the assessment line. This will bring up another window with the assessment summary. Click on the printer icon at the top of the assessment.

The Site Coordinator reported only case managers have access to the information found on the risk assessment. He reported that line staff do not have access to this information. Intake staff also reported that there is limited access to the information obtained. They also stated that this is in policy.

Standard 115.42 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC uses the information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Each determination is based on the individual. WERDCC has three classifications: Sigma (high risk for sexual victimization), Alpha (high potential for sexual perpetration) and Kappa (not a high risk for either sexual victimization or perpetration).

Housing and program assignments for transgender or intersex inmates in the facility are made on a case by case basis.

WERDCC has policy in place that outlines the make-up and actions of a transgender committee. This committee consists of administrative staff, medical/mental health professionals, and the inmate to discuss the needs, housing, shower, and safety issues of the individual. **In the past twelve months there has been no transgendered inmates assigned to WERDCC so no meeting has taken place.**

115.42(a)(b) Policy IS5-2.3 Offender Internal Classification, Section III (C) Diagnostic Centers, page 1, states "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines." On page 2 of this same policy reads, "Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities.

In this same policy on page 3, housing based internal classification is addressed. It states, "Upon completion of the internal classification, the offender will be housed according to his score in accordance to the internal classification manual. Whenever possible, sigmas should be celled with sigmas and alphas with alphas. If an offender does not have an internal classification score he should be housed with a kappa with similar demographics until the offender internal classification instrument is completed."

IS & SOP 18-1.1, Required Activities, page 5, Section III (B) (4), states, "Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification. Housing unit staff members will review internal classification information and forward it to the required activities' supervisor prior to the offender's start date at the required activity."

On page 6 of this same policy, states, "The Required Activities Coordinator will notify the work supervisor of the offender's internal classification information. The work supervisor is responsible for knowing the internal classification of their workers and assign tasks in such a manner to ensure the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working. Internal classification information shall not be used by any staff member to preclude placement of an offender in a required activity."

SOP D1-8.13 Offender Sexual Abuse and Harassment, page 12, "All housing, cell, bed, education, and programming assignments for transgender or intersex offenders shall be made in accordance with the institutional services procedures regarding offender housing assignments and programming assignments."

An example of work assignments was provided via an email dated March 23, 2016 from the Site Coordinator to all WERDCC Section Heads. It reads, "As a reminder, we cannot allow Alpha and Sigma offenders to work together in unsupervised and isolated locations. We also cannot assign Alpha and Sigma offenders to the same room on the housing units. As an extra precautionary measure to keep Alpha and Sigma offenders separated at your worksite, you will be receiving a color-coded folder differentiating Alpha's and Sigma's. You will receive a "red" colored folder for any Alpha offender being assigned to your worksite and a "yellow" folder for any Sigma offender being assigned. This folder will come from Case Manager D. Dewey who makes most of the offender job assignments. This notification will begin on April 11th. In the meantime, it is your responsibility to make sure you identify your current Alpha and Sigma offenders. A notice has already been put out regarding this responsibility. Please contact me if you have any questions regarding Alpha and Sigma offenders assigned to your work location."

Site Coordinator stated that information from the assessment tool is used to determine housing, education and programs. He stated it is the policy and practice of WERDCC not to house potential victims with potential aggressors. He states he reminds staff of this fact. (Auditor did review a memo he sent to the staff dated March 23, 2106.)

An interview was conducted of a staff person who performs screening for risk of victimization and abusiveness. This staff person advised WERDCC takes the determination of housing seriously. They advised that it the policy of WERDCC not to house Alphas and Sigmas

together. (It should be noted that Alphas are those who have a high potential for sexual perpetration and Sigmas are those who are high risk for sexual victimization.)

115.42(c)(d)(e)(f)(g) Policy IS & SOP 5-3.1, Offender Housing Assignments, also outlines the Transgender Committee. The policy reads, “Each institution shall convene a transgender committee to determine and review an offender’s classification on a case by case basis. A transgender or intersex offender’s own views with respect to his or her safety shall be given serious consideration. The transgendered committee should meet and have a written recommendation completed within 10 working days of the offender’s arrival at the facility. The recommendation should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the prison rape elimination act (PREA) coordinator for review and approval. A response should be made back to the transgender committee within 10 working days. The transgender committee’s approved written decision shall be maintained in the offender’s classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee will review the housing assignments every six months following the initial determination. Reassessments can be done more frequently as needed on a case by case basis. Transgender or intersex offenders shall be given the opportunity to shower separately from other offenders as outlined by SOP.”

IS & SOP 5-1.1 Diagnostic Center Reception and Orientation, page 11 states, “If the gender of an offender is unknown, the following steps should occur: Speak with the offender privately to determine sex, review medical records, within 72 hours of receiving the offender into the department, a referral should be made to the transgender committee to assist in gender identity and housing determinations, offenders awaiting review by the transgender committee shall be placed in a single cell to ensure safety until the review has been completed.”

On page 12 of this same policy, it states “Transgender offenders will be showered separately from other offenders until the recommendation of the transgendered committee is approved.”

SOP D1-8.13, Offender Sexual Abuse and Harassment, page 11, states “Housing assignment for transgender and intersex offenders shall be made on a case-by-case basis by the institutional transgender/intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments and the probation and parole procedure regarding risk assessment and housing assignments.”

IS & SOP 5-3.1 Offender Housing Assignments, pages 4 -5 addresses Transgender Housing Assignments. It also states, “The transgender committee is responsible for determining a permanent housing assignment for each transgender or intersex offender, and prior to this assignment shall meeting with each offender to determine his vulnerability within the general population and length of time living as the acquired gender. Transgender and intersex housing assignments shall not be made based solely on genitalia by must consider the offender’s health and safety and the security of the facility through a review of the respective classification, medical and mental health records.”

A copy of the template the Transgender Committee would use to determine housing was also reviewed by the auditor.

The Site Coordinator reported that WERDCC does not have a designated wing to house transgender or intersex inmates. He stated that if a transgender or intersex inmate would be assigned to their facility, they would be offered separate shower times.

When asked about any transgendered inmates, Intake Staff stated WERDCC only had one transgendered inmate come through intake that they could remember. They stated this individual was only at the facility for 30 days and never left the Reception and Diagnostic Unit.

Standard 115.43 Protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC has policy that prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, there has been **no** inmate placed in involuntary segregation.

115.43(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, (F) Segregated Housing in Institutional Setting, pages 17 -18 states “Following an allegation of offender sexual abuse or if an offender is assessed at being high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- (1) Return to assigned housing.
- (2) Temporary reassignment of staff members.
- (3) Assignment to another housing unit.
- (4) Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender’s safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody.”

Policy IS21-1.1 “Temporary Administrative Segregation Confinement” states, “Offenders may be placed in temporary administrative segregation confinement upon recommendation by any staff member and approved by the shift commander when an offender is an immediate security risk....there is an urgent need to separate the offender from others for his/her safety or that of others...”

The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 ours is zero. Auditor reviewed three PREA notifications for housing placements after reporting an allegation. In the three reviewed, the victim was immediately returned to their original housing units once they signed a PC waiver.

On the day of the audit there were no inmates being held in segregation based on high risk for victimization. The auditor did review three PREA allegation notifications that have been completed in the past 12 months. In looking at the housing placement recommendations, all indicated that alleged victim would remain in the original housing units. Only alleged perpetrators were removed.

Staff reported that the typical response is not to segregate the victim. They stated if involuntary segregation would be used to protect a victim, they would follow agency policy. They reported it is not to be longer than 48 hours and they do their best to make sure programming would continue. Staff reported that everything is documented and becomes a part of the classification hearing that is held.

Staff that works in the segregation unit stated they could not remember the last time an inmate was housed in protective custody due to a PREA incident.

Random interviews of inmates revealed a common theme. All stated they would not report being a victim of sexual abuse because they would “immediately go to the hole.” They reported they have seen it happen multiple times. The auditor could not find documentation to support this claim.

RECOMMENDATION: The auditor spoke to administration about the perception the inmates have of being placed “in the hole” when they report sexual abuse or harassment. After much discussion, it is believed that inmates are in fact seeing the coordinate response and the victims are being separated out for interviews and trips to medical and/or mental health. It is recommended that Functional Unit Managers and Corrections Case Managers talk with the inmates in their living units and stress that victims are not punished for reporting sexual abuse and harassment

115.43(b) WERDCC states there have been no inmate placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(c) WERDCC states there have been no inmate placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(d) WERDCC states there have been no inmate placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(e) WERDCC states there have been no inmate placed in segregated house for high risk for sexual victimization in the last 12 months.

NOTE: WERDCC did provide an example of what a classification hearing and documentation would like if a victim would be placed in protective custody and an example of the “PREA Ad-Seg Checklist.” Auditor reviewed MDOC’s Segregated Housing for Protective Custody which outlines the an assessment of all alternative housing choices (least restrictive housing) must be conducted prior to placing a victim in segregated housing for protection and that victims of sexual abuse ordinarily not be held in segregated housing for longer than 30 days.

Standard 115.51 Inmate reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC has established multiple procedures for allowing inmates internal ways to report sexual abuse or sexual harassment privately to the facility or to an outside entity. Inmates may report via an informal resolution request, to a staff member, PREA hotline, advocacy agency, or to the Department of Public Safety, Crimes Victims Services Unit. Third party reports are also accepted by WERDCC.

As of the date of this audit, WERDCC does not have any offenders who are detained solely for civil immigration purposes.

115.51(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, “Reporting Sexual Abuse or Harassment,” pages 14 states, “Each facility CAO’s or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff neglect, and violation or responsibilities that may contributed to an incident of offender sexual abuse , to include but not be limited to: informal resolution request (IRR), grievance process, or offender complaint, to a staff member, PREA hotline, advocacy agency, and Department of Public Safety, Crimes Victims Services Unit. All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure.”

Auditor reviewed the offender brochure on “Offender Sexual Abuse and Harassment” which is given out at intake. This brochure outlines the ways inmates can make reports of sexual abuse and sexual harassment. It reads, “Report the abuse to any staff member either verbally or in writing as soon as possible, whether the alleged incidence involved you or not. Call the department’s confidential PREA hotline. You can do so at any offender phone by listening to the prompts and pressing “8” or dialing (573) 526-PREA (7732). Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102. If you are assigned to a community release center or community supervision center, you may report sexual abuse using the above guidelines or call the PREA hotlines at (855) 773-6391.

Staff was able to articulate the various ways inmates can report sexual abuse and sexual harassment. They stated that all reports are taken seriously. They also advised that they could also call the PREA hotline and make a report.

Inmates interviewed were also able to articulate the various ways they could make a report including calling the hotline, telling staff and/or family members. Although they were aware of the PREA hotline, many felt that it was not anonymous. They also reported they felt most staff took reports seriously and they felt safe at WERDCC.

Information was posted on bulletin boards throughout the facility and in the housing units advising inmates on how to make reports of sexual abuse. The PREA hotline number was clearly posted above all phones.

115.51(b) Auditor reviewed the MOU with the Missouri Department of Public Safety. Missouri Department of Public Safety's responsibilities include initiating a SharePoint application that can be shared by DPS and DOC. The DPS shall receive written correspondence of allegations of offender sexual abuse and harassment. All written correspondence received by the DPS shall be assigned a tracking number. The DPS shall record in the SharePoint application the date of the written correspondence is received, the name of the institution, the name of the victim if known and the date the letter is forwarded to the DOC. The DOC shall record in the SharePoint application the date offender letter is received and any action taken. This MOU is ongoing from the date of the final signature until such time as it is deemed unnecessary by either party. The MOU was signed July 25, 2013.

115.51(c) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 14, states, "All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure."

Auditor reviewed two PREA Notifications made by anonymous reporters. WERDCC initiated their coordinate response according to their policy and PREA national standards.

115.51(d) Policy D1-8.9 Crime Tips and PREA Hotlines, page 5, Section III (C) states, "For staff, the department has established a separate crime tips hotline to anonymously report criminal activity, offender sexual abuse, or offender sexual harassment and is received in the office of inspector general. These calls may be answered by a staff member in the office of inspector general or in cases of afterhours calls, the caller may leave a message and a return phone number should they wish to be contacted. Information regarding hotline use for staff will be posted conspicuously in areas routinely accessible to all staff members."

Staff Tips Hotline posters are throughout the facility and are located in staff break rooms and on the MDOC intranet home.

Standard 115.52 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC has an administrative procedure for dealing with inmates grievances regarding sexual abuse. This procedure also allows them to submit a grievance at any time regardless when the incident occurred. If their grievance is against a staff member they are not required to submit their grievance through that staff member. WERDCC also outlines, through policy, where grievance cannot be filed.

WERDCC also requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 70 days of the filing of the grievance. According the pre-audit questionnaire, the agency reported that in the past twelve months, no grievances have been filed.

115.52(a)(b)(c) Policy D5-3.2 Offender Grievance, pages 17-19 addresses PREA Informal Resolution Request, Grievance and Appeal. The following are portions of this policy that supports this standard:

Time limit

- "The department shall not impose a time limit on when an offender may submit a complaint regarding an allegation of offenders' sexual abuse."

Informal Process

- “The department will not require an offender to use the informal grievances process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse.”
- “Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt.”

Against a Staff Member

- “A staff member who is subject of the complaint should not be the respondent.”

Grievance Process

- “Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee.”
- “Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee, and, an extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided.
- “At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process”

Third Party Reporting:

- “Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution.”
- “When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing.”
- “Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry.”
- “When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry.”
- “The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf.”
- “If the offender declines to have the request process on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes.”
- “If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.”

Emergency Informal Resolution Requests

- “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry.”
- “If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form.”
- “Emergency informal resolution requests will be processed as follows:
 - The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure.
 - When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately.
 - Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency.

- The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response.
- A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form.
- The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request.
- If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Page 13 - 14, states "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse...nor impose a time limit"

Policy D1-8.9 Crime Tips and PREA Hotlines, page 4, Section III (A)(1a) states "The hotlines will not be utilized for complaints, grievances or other unrelated purposes."

SOPDI-8.13 Offender Sexual Abuse and Harassment, page 14, addresses exhausting administrative remedies. It states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit on when an offender may submit a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions. The department shall ensure that an offender who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint and the grievance or complaint is not referred to a staff member who is the subject of the complaint. Staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions."

Policy D5-3.2 Offender Grievance, page 6, Section III, (E)(2b)(1) states, "Upon approval of the division director or designee, a conduct violation may be issued for threats. This conduct violation will not be viewed as retaliation reprisal." Also on page 6, Section III (E)(4a)(1) it states, "When there is evidence to support an unfounded allegation, the CAO or designee will issue a conduct violation and the CAO or designee will issue a letter of limited filing status."

115.52(d) WERDCC provided a Grievance Tracking Log which tracks the month the grievance was filed, the type of grievance, the name of the offender, date received, 70 day extension, date completed, calendar days, declined 3rd party assistance, alleged substantial risk of imminent sexual abuse, move forward with PREA Emergency IRR, Emergency Initial Response within 48 hours, Emergency Final Response within 5 days, and disciplinary action taken against offender for filing grievance in bad faith. This log had one grievance listed dated 2014.

115.52(e) WERDCC reports they have had no third party grievances filed within the past year.

115.52(f) WERDCC reports they have had no emergency grievances filed pursuant to this standard.

Standard 115.53 Inmate access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC provides inmates with outside access to victim advocates for emotional support services related to sexual abuse. They also

PREA Audit Report

inform inmates prior to given them access to outside supports, the extent to which such communications will be monitored. WERDCC maintains a MOU with Audrain County Crises Interventions Services (ACCIS) to provide advocates.

115.53(a)(b) SOP version D1-8.13 Offender Sexual Abuse and Harassment, pages 20 -21 covers the procedure during the initial assessment with mental health when there is an allegation of sexual abuse and harassment. It states, "During the initial assessment, mental health treatment interventions will be discussed with the victim by QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender's acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal or treatment/no show form. A copy of the refusal of treatment form will be forwarded to the PREA site coordinator to be placed in the PREA event file. If the offender requests an advocate, the QMHP will notify the site advocacy liaison. QMHP will notify the PREA site coordinator in writing or email when victim requests an advocate. PREA site coordinator will subsequently notify the investigative staff of victim's request for advocate. When the victim is out counted to MOSAIC Life Care for a SANE exam the hospital will contact the YWCA for advocacy services. When advocacy hours provided by the YWCA have been exhausted, the PREA site coordinator will notify the chaplain of the victim's request for an advocate. Institutional chaplain will meet with the victim and document the meeting, forwarding this documentation to the PREA site coordinator to be placed in the PREA event file."

Auditor reviewed the Notice to Offenders Assigned to Administrative Segregation Reporting Allegations of Sexual Harassment. This notice outlined how inmates in Administrative Segregation can still have access to outside emotional support services. Inmates in WERDCC's Administrative Segregation can contact the Missouri Department of Public Safety. They are given the address and are instructed they do not have to place their return address on the envelope.

It was noted throughout the tour that offender advocacy posters were not posted throughout the facility. Once this was brought to the administration's attention they were quick correct this missing information. At the completion of the onsite portion of this audit, advocacy posters were in every living unit and any place that inmates gathered.

It should also be noted that the advocacy posters also state, "Be aware: Per department policy, mail will be subject to examination and phone call may be monitored."

Interviews with inmates resulted in mixed responses in when it came to the discussing availability of advocates. Most stated they knew they were available but was unsure how to access them if needed.

RECOMMENDATION: Have the Case Managers re-educate inmates when they meet with them; just as staff need PREA refreshers so do inmates. Have them do a brief PREA refresher that covers reporting and advocacy availability.

115.53(c) Auditor reviewed the MOU with ACCIS. This MOU is ongoing and may be terminated by either party, with or without cause, by submitting a thirty (30) days written notice. This MOU was signed in November 2013 and outlines the confidentiality exceptions.

Standard 115.54 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC provides a method to receive third party reports of inmate sexual abuse or sexual harassment. Family members can make report via information found on MDOC website. They can either email or make a phone call.

115.54(a) Policy SOPD1-8.13 Offender Sexual Abuse and Harassment, Section III (D)(2), page 14 states, "All allegation including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual

abuse coordinated response outlines in this procedure.”

Auditor verified that reporting information is on the MDOC website. The URL is <http://doc.mo.doc/OD/PREA.php>. This site has an email address and a phone number available to the public.

Standard 115.61 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

115.61(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 7, “The CAO or designee shall control the dissemination of sensitive information related to offender sexual abuse to ensure the offender is not exploited by staff members or other offenders. Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services. Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.”

Policy D2-11.10, Staff Member Conduct, not only states that staff members must obey all laws but on page 7, Section III, (D1&2) states, “Staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall immediately report such to the inspector general in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. Staff members must immediately report any misconduct through the appropriate chain of command. If there is reason to believe that any staff member in the chain of command may be involved in the alleged misconduct, the staff member should report the matter to the next higher level of management in the department.

WRDCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

Staff members interviewed reported they have a duty to report. They also reported they could be fired and charged with a crime if they do not report knowledge of sexual abuse and sexual harassment.

115.61(c) Policy D1-8.13 Offender Sexual Abuse and Harassment reads, “Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services.”

During the past 12 months WERDCC has not had instances requiring medical and mental health reporting.

115.61(d) Policy IS11-32 Receiving Screening Intake Unit, page 5 addresses procedure if the alleged victim is under the age 18 or considered to be a vulnerable adult. The policy states, “Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws.”

Auditor also reviewed Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410. 1 which states, “When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department

has been abused, he shall immediately report it in writing to the director.”

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1, defines a vulnerable person as “any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program.”

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.163.1, defines mandatory reporting requirements as “Any person having reasonable cause to suspect that a vulnerable person presents a likelihood of suffering serious physical harm or is the victim of abuse or neglect shall report such information to the department. Reports of vulnerable person abuse received by the departments of health and senior services and social services shall be forwarded to the department.”

115.61(e) SOPD1-8.13, Offender Sexual Abuse and Harassment,” pages 16 and 17 states, “All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until and outside interpreter can be arranged.” WERDCC also provided a copy of their PREA Coordinated Response to Offender Sexual Abuse.

Standard 115.62 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC acts immediately if they learn that an inmate is subject to a substantial risk of imminent sexual abuse. In the past twelve months there have been no inmates that have been reported to be subject to substantial risk of imminent sexual abuse.

115.62(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 18, under Segregated Housing in Institutional Setting states, “If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender’s safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units.”

Administrative staff stated that the expectation for all staff is to act immediately if they become aware of an offender being in imminent danger of sexual abuse. This involves beginning the facility’s coordinate response and separate the victim from the alleged perpetrator. The warden also stressed staff are use the least restrictive housing available to secure the victim. The facility’s goal is to keep the victim separate from their reported abuser.

Random staff reported that if such an incident would occur they would immediately secure the alleged victim for safety purposes and contact their supervisor.

WERDCC reports there have been no incidents in the past 12 months where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility that the Warden must notify the head of the facility where the sexual abuse is alleged to have occurred. Notification is to be made as soon as possible but no later than 72 hours after receiving the allegation.

They also have a policy that states that allegations received from other facilities are investigated in accordance with PREA standards.

116.63(a)(b)(c)(d) SOPD1-8.13 Offender Sexual Abuse and Harassment, page 17 states, "Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made within 72 hours. A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections."

WERDCC reported that in the last twelve months they have not received any reports from incoming or current inmates that abuse occurred at another facility.

WERDCC reported that in the last twelve months they have received no reports from other agencies regarding sexual abuse reported to have happened at their facility.

Interview with facility administration revealed that any notification WERDCC receives is sent to the site coordinator who then sends information to the Inspector General. Administration advises that the Inspector General will make the determination if an investigation will be opened.

Standard 115.64 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard. WERDCC reported they had 36 allegations reported where security staff members responded to reported allegations where the victim and perpetrator had to be separated and evidence was collected. They also advised they had zero allegations reported where a non-security staff was the first responder and secured potential evidence on the victim.

115.64(a) Auditor reviewed WERDCC's Coordinated Response that is a part of policy D1-8.13 Offender Sexual Abuse and Harassment located on page 17. This part of the policy states, "Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email

notifications as outlined in the applicable PREA notification checklist protocol.

- Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.”

Auditor reviewed the lesson plan for PREA Basic Training, pages 21 –23 covers first responder responsibilities. It breaks down the First Responder responsibilities by type of event. The three events covered include: allegation of penetration that has happened within 72 hours, all other penetrations and allegations of non-penetration events.

Auditor reviewed three documented examples of a coordinated response. This included reviewing notifications made by security staff. Each notification included date and time of incident, location of incident, name and custody information of victim as well as the alleged perpetrator. Notifications also included a description of the event, date and time of persons to be notified and recommendation for housing placement. If a forensic exam was required, location of the examination as well as date and time victim was sent out and then returned to the facility.

Staff all stated that as a first responder their responsibility is to separate the victim from the abuser, allow neither one of them to shower, get a drink or change clothes. They stated they would then call their supervisor who, in turn, contacts the investigators. Staff would also secure the scene and would not allow anyone to enter until the investigators arrived and took control.

115.64(b) All staff are considered to be first responders and are to follow the coordinated response found in D1-8.13 Offender Sexual Abuse and Harassment.

When talking with volunteers and contractors, they stated if they were the first to respond to a sexual abuse allegation they would keep the victim safe and notify staff immediately.

Standard 115.65 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC has developed a coordinated response to all sexual abuse incidents.

115.65(a) The coordinated response to offender sexual abuse covers the following topics:

- Role and Responsibilities of Shift Commander, Site PREA Coordinator, First Responder, Mental Health, and Medical
- Exceptions to the protocol

SOPD1-8.13 Offender Sexual Abuse and Harassment includes a section on coordinated response on pages 16 and 17. It states, “CAO or designee shall coordinate actions taken by first responders, medical, mental health, investigators, and administrators in response to all allegations of offender sexual abuse and harassment as outlined in the divisions’ coordinated response to offender sexual abuse protocol. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until an outside interpreter can be arranged. If the allegation is reported directly to a facility administrator the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist.

Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
 - Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.
- Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours.
- A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections."

Administrative staff articulated all of the components of the facility's coordinated response to sexual abuse and harassment. The expectation outlined by the administration is that every employee should be knowledgeable of the coordinated response and execute the response when needed.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a labor agreement with Missouri Corrections Officers Association that ends 9/30/2018.

115.66(a) Policy D2-11.6, Labor Organization, page 4 states, "Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

On page 2, Article 2, Management Rights of Labor Agreement between the State of Missouri Office Administration, The Department of Corrections Division of Adult Institutions and Missouri Corrections Officers Association (MOCOA) states, "The right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime."

Standard 115.67 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC has policy in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other inmates or staff.

In the past twelve months there have been reports of retaliation.

115.67(a)(b)(c)(d) SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 15 -16 outlines the protection from retaliation for inmates and staff in the following manner:

- Inmates:
 - The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation.
 - Immediately following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner:
 - The alleged victim and reporter of offender sexual abuse or harassment shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation.
 - For offender victims and offender reporters, monitoring shall include face-to-face status checks by staff members a minimum of every 30 days.
 - The assessment/retaliation status check form shall be used during each of the assessment interviews.
 - If the victim or reporter expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.
- Staff
 - The PREA site coordinator or designee shall monitor all staff reporters of offender sexual abuse or harassment for a minimum of 90 days. Monitoring shall include but is not limited to monitoring for changes that may indicate retaliation, negative performance reviews, or reassignments.
 - The assessment/retaliation status check form shall be used during each of the assessment interviews.
 - The PREA site coordinator or designee shall ensure all witnesses receive an initial assessment utilizing the assessment/retaliation status check form.
 - Witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring.
 - The witness shall sign the assessment/retaliation status check form showing they have no concerns regarding potential retaliation.

This policy also states, “The PREA site coordinator shall report all evidence of retaliation to the CAO to ensure an inquiry or investigation is initiated in accordance with department procedures. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual. The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation and/or possible victims of retaliation be offered emotional support services. Emotional services for offender victim, reporters, or witnesses include but are not limited to, case management or referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff reporters or witnesses included but are not limited to, employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered victim or suspected victim shall be noted on the assessment/retaliation status check form. In the event that a victim, offender reporter, or a witness is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment/retaliation status check form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment/retaliation status check form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring will continue. If released to a field probation and parole office, monitoring will stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring.”

WERDCC provided an example of “Assessment/Retaliation Status Checklist” form; also provided example of monitoring for retaliation. These twelve monitoring examples show check-ins averaging once every 30 days. All examples reviewed indicated “no harassment or retaliation was reported.” It should also be noted that during the retaliation monitoring advocate services were offered to the offenders and

no offenders requested these services.

Auditor interviewed the grievance officer who is responsible for monitoring retaliation at WERDCC. She advises she asks the offender/victim if there has been in conflict. She also looks for any changes in behavior. She states she does a 30 – 60 – 90 days check in and will continue past that day if necessary.

Administration stated the grievance officer monitors for retaliation and that it is not tolerated. They reported that inmates who report allegations or cooperate with allegations are contacted to see if any types of retaliation from other inmates or staff is occurring. They want to let them know they take allegations seriously. Administration stated that contact should be made every 30 days for at least three months. If needed, monitoring can be extended beyond that time. Administration advised that this type of protection is also given to their employees, contractors and volunteers. It was stressed again that retaliation from anyone will not be tolerated.

Standard 115.68 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC has policy that prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made. In the past twelve months, there have been no inmates placed in involuntary segregated housing.

115.68(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, pages 17 and 18, under Segregated Housing in Institutional Setting states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- Return to assigned housing.
- Temporary reassignment of staff members.
- Assignment to another housing unit.
- Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

Staff stated that anyone placed in segregated housing will still have access to programming as much as possible. If they are placed in

PREA Audit Report

segregated housing they have their first classification hearing within 7 days of placement.

Standard 115.71 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Inspector General conducts all criminal case at WERDCC. Administrative agency investigations are also conducted at WERDCC.

115.71(a) Policy D1-8.1 Investigation Unit Responsibilities/Actions, page 5, Section III (A) (2) (3) states, "The department maintains a zero tolerance policy against offender abuse and offender sexual abuse. The PREA also prohibits sexual misconduct by staff members against an offender and offender against an offender. All such allegations will be thoroughly reviewed for potential investigation. The investigation unit, under the jurisdiction of the inspector general's office, is the investigative unit of the department. This unit conducts investigations in response to reports of violations of Missouri state law and serious violations of department procedure at all facilities throughout the state. The unit works closely with federal, state and local law enforcement agencies and the other divisions within the department to ensure criminal violators are prosecuted. The department may pursue prosecution of any staff member or offender who violates state law."

Page 7 of this same policy states, "The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment."

Page 10 of this same policy, Section H, outlines the investigators responsibilities. The policy states, "All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or employee. Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible. Administrative investigations shall include an effort to determine whether staff member actions or failures to act, contributed to the behaviors being alleged. The departure of the alleged abuser or victim from employment or control of the department shall not provide a basis for terminating the investigation. When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney's office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated."

115.71(b) Auditor reviewed the training roster from "PREA Specialized Investigator Training" dated January 1, 2013 through September 20, 2014. The roster showed that 56 investigators statewide received this training during that time frame.

115.71(c) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim

and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office.”

In the past 12 months there have been no investigations involving a SANE exam other evidence at WERDCC.

115.71(d) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney’s office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated.”

WERDCC provided two examples of cases referred for prosecution; however, charges were not filed by the prosecution.

115.71(e) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as an offender or employee.”

115.71(f) Policy D1-8.4 Administrative Inquiries, page 5, Section III, (A) states, “Any staff member having direct or indirect knowledge of a potential category I or IV behavior shall immediately notify the CAO by submitting a report of incident, or memorandum, through the chain of command. A copy of all reports of harassment, sexual misconduct, discrimination, or retaliation should be sent to the employee relations supervisor. Staff members must fully cooperate with all administrative inquiries and must fully and truthfully relate their knowledge of all facts pertaining to the alleged behavior under review. Staff members who are the subject of a criminal investigation are not required to provide incriminating information about their own misconduct. However, in all other cases, staff members must fully cooperate with any investigation or administrative inquiry and truthfully relate their knowledge of all facts.”

Pages 5 and 6 of this same policy discuss when an administrative inquiry may be conducted. This policy states, “An administrative inquiry may be conducted when a staff member may have been engaged in category I behaviors, or an offender may have been engaged in category IV behaviors. When the CAO receives information that a staff member may have been engaged in category I behavior, the CAO shall review the information and determine the appropriate course of action... The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department’s procedure regarding offender sexual abuse and harassment. Based on the circumstances of the allegation, the CAO may immediately remove or reassign the staff member from having contact with the offender pending the outcome of an investigation, or the determination of whether and to what extent discipline is warranted, or if there is reason to believe the offender is being retaliated against by the staff member.”

Administrative staff report all administrative cases are assigned by the Warden. Administration advised that requests for investigations are referred to the inspector general’s office and they in turn make the determination if an investigation is going to be opened

Auditor reviewed one administrative investigation: one case of substantiated inmate on inmate sexual harassment. This investigation was well written and thorough. It included interviews with the victim and alleged perpetrator as well as witnesses. This investigation was concluded within 45 days of the date the report was received.

115.71(g) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible.”

115.71(h) WERDCC provided two examples of cases referred for prosecution; however, charges were not filed by the prosecution.

115.71(i) Auditor reviewed the Agency Records Disposition Schedule and found that records are retained for 50 years.

115.71(j) WERDCC reported no staff has resigned in the past twelve months as a result of an investigation of a sexual abuse or sexual harassment of an inmate.

NOTE: Investigative staff state they have received specialized PREA training and were able to explain what they covered in training including the discussion of DNA collection, Miranda, Garrity and interviewing victims. Investigative staff stated that all investigations are written in report form. They interview victims, alleged perpetrators, witnesses as well as review any video surveillance that is available. Staff also stated that they look at the totality of the investigation before making a determination. They do not look solely on the credibility of the victim. Investigations are not terminated until all facts and evidence is gathered. Staff stated they do not terminate an investigation when the alleged perpetrator leaves the facility. (This includes staff.)

Standard 115.72 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC imposes no higher standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.72(a) Policy D1-8.4 Administrative Inquiries, page 8, Section III (C) (9) states, "No higher standard than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated."

WERDCC also provided examples for this auditor to review. Auditor reviewed two cases of substantiated allegations of inmate on inmate sexual harassment. Both reports were well written and thorough. They included interviews with the victim, alleged perpetrator and witnesses. In one report, the investigator interviewed an inmate that was no longer at WRDCC. Both cases were closed within 35 days of being opened.

Investigative staff stated they do not impose a higher standard of a preponderance of the evidence. They reported they take their investigations seriously and that sexual abuse and harassment is not tolerated.

Standard 115.73 Reporting to inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC has a policy requiring that any inmate who makes an allegation that he suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Inspector General's office conducts all criminal investigations and WERDCC conducts administrative investigations.

115.73(a)(c)(d)(e) Policy D1-8.13, Offender Sexual Abuse and Harassment, Reporting Outcomes, pages 23 and 24 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA coordinator shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification or the alleged sexual abuse by staff notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment. The initial notification shall state whether the allegation was substantiated, unsubstantiated, or unfounded.

In the event that the investigation was conducted by an outside agency, the office of the inspector general shall request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when PREA Audit Report

the following occurs unless the inquiry or investigation is unfounded:

- (1) Staff perpetrator is no longer assigned to the housing unit.
- (2) Staff perpetrator is no longer employed at the institution or department.
- (3) The staff perpetrator has been indicted on a charge related to sexual abuse within the institution.
- (4) A disposition of charges exists related to sexual abuse within the institution.

Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs.

- (1) The offender has been indicted on a charge related to sexual abuse within the institution.
- (2) A disposition of charges exists related to sexual abuse within the institution.

The departmental PREA coordinator shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender. If the investigation or inquiry involved offender-on-offender sexual abuse or harassment that was substantiated or unsubstantiated, written notification shall be delivered to the offender victim in a confidential manner. The offender shall be offered the notification letter but shall have the right to decline the letter. The original notification shall be signed by the offender or resident and witnessed by a staff member. The original notification shall be forwarded to the department's PREA coordinator for tracking. A copy of the notification shall be provided to the offender. The date the notification letter is delivered to the offender shall be documented in the chronological section of the offender's classification file. In the event the offender is no longer housed in an institution, community release center, or community supervision center the duty to report ends."

Administrative staff reported that it is in policy that all offender victims are notified of the outcomes of their PREA cases. Investigative staff reported that notifications are made and also reported that this is part of policy.

In the past 12 months, 36 criminal and/or administrative investigations of alleged inmate sexual abuse were completed by WERDCC and investigators.

The inmate who reported sexual abuse who was selected to be interviewed declined to participate in this part of the audit process.

115.73(b) N/A WERDCC is responsible for conducting administrative investigations and the Inspector General's Office has investigators inside the facility to conduct criminal investigations of alleged sexual abuse and sexual harassment.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. In the past 12 months, there has been no staff disciplined under this policy.

115.76(a)(c)(d) Policy D2-11.10 Staff Misconduct, page 4, Section III (A) (14) states, "In order to pursue organizational excellence staff members are expected to adhere to the following professional principles and conduct...report inappropriate actions, misconduct, offender or resident abuse, and sexual contact by staff members and offenders or residents to appropriate personnel."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (N), page 27 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement."

115.76(b) WERDCC reports that no staff has been disciplined or terminated in the past twelve months. Auditor reviewed a statewide log that shows staff member, contractors and volunteers that have been disciplined for sexual abuse. The log lists five names from 2014 and none were assigned to WERDCC.

Standard 115.77 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, there have been no contractors or volunteers engage in sexual abuse of inmates.

115.77(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment (Page 27 of SOP version) states, "Corrective action for contractors and volunteers: Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations."

Policy D2-13.1 Volunteers, page 11 -13, Section III (G) states, "All volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and staff member conduct. All offender sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination. When disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions.

The volunteer site coordinator shall provide the CAO with the recommendation and documentation. If the volunteer is a multi-location volunteer, the volunteer site coordinator requesting the disciplinary action shall provide a copy of the documentation to the volunteer site coordinator at the home base location and/or all other additional locations. If the CAO concurs, and the discipline requires suspension, the volunteer will be suspended and notified in writing within 5 working days that he is suspended and that the recommendation for disciplinary action is being sent to the volunteer services coordinator. The CAO shall forward a recommendation for disciplinary action to the supervisor of department volunteer services with all pertinent documentation. The volunteer services coordinator shall determine what, if any, disciplinary sanctions are warranted. Within 10 working days of receipt of the recommendation, the supervisor of department volunteer services shall provide written notice of discipline sanctions to the volunteer, CAO, volunteer site coordinator, and volunteer supervisor at all locations where the volunteer was approved to provide services..."

WERDCC provided an example of an investigation of allegation made against medical personnel. The result of the investigation resulted in an unfounded disposition. At the conclusion of the investigation it was determined that the inmate's mental health diagnosis contributed to her making an unfounded allegation.

Administrative staff stated that all contractors and volunteers are subject to the same policies as regular employees when it comes PREA. Staff stated volunteer and contractors are expected to abide by the zero-tolerance culture of the facility. They reported they would be barred until the investigation is complete. If they it is found to be substantiated, they would be terminated and not allowed back in the facility.

Auditor reviewed one investigation against a volunteer. The result of that investigation was unfounded.

Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At WERDCC inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The facility will offer therapy, counseling or other interventions to interrupt that type of behavior. If an inmate makes a report in good faith, there will no disciplinary action.

115.78(a)(b)(c)(d)(e)(f)(g) SOP D1-8.13 Offender Sexual Abuse and Harassment, Section III (M), pages 26 and 27 state, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The mental health notification memo (SOP Reference H) will be completed and forwarded to mental health staff for completion prior to concluding the disciplinary hearing. If found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

Policy IS&SOP 19-1.1 Conduct Rules and Sanctions, Section II (Definitions) pages 2 and 3 state, "If the rule violation is a major violation, is serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction." This policy also defines sexual activity as "Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature."

This policy also defines forcible sexual misconduct as "Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity." It defines sexual misconduct as "Engaging with another in any type of sexual activity; Engaging in the self-touching of one's sexual parts in view of others and inappropriately exposing one's sexual parts to others."

WERDCC provided a copy of a memo dated August 1, 2013 that was addressed to all Wardens and the subject was "PREA Protocols." The memo stated, "The date for full compliance with PREA standards is rapidly approaching. When fully implemented, our facilities will be better equipped to detect, prevent, and respond to incidents of offender sexual abuse and harassment. During our DAI Staff meeting yesterday, we discussed the PREA protocols that will move the department towards compliance with the PREA standards. While the procedure revisions are pending, we are implementing the PREA protocols, which were provided to you yesterday, as outlined below: To be implemented for PREA incidents that occur from this day forward: Segregated Housing for Protective Custody, Disciplinary Sanctions and Mental Health..."

WERDCC reported that they did not have any incidents where an offender was issued a conduct violation for sexual contact with staff after finding that the staff member did not consent to such contact.

WERDCC also provided three examples of violation reports of sexual misconduct and exposing genitalia.

Administrative staff report that inmates are not punished for making a PREA allegation especially if it is made in good faith. Staff reported that this is in policy.

After visiting with mental health staff, it was reported do not get the mental health referral until have an inmate is found guilty of sexual misconduct. They also advised there are no consequences if the inmate chooses not to participate in services.

116.78(c) Auditor reviewed the Disciplinary Sanction Sheet that outlined the disciplinary process for forcible sexual abuse. This process outlines the responsibilities of the Adjustment Hearing Board as well as a Qualified Mental Health Professional. The process also states, “PREA mandates that the disciplinary process consider whether an offender’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, shall be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. In this process it also states that an offender will not be issued a conduct violation for sexual misconduct involving a staff member unless the sexual activity is forced upon the staff member by the offender. In addition it states a report of offender sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded.”

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates housed at WERDCC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to inmates who have previously perpetrated sexual abuse. Informed consent is obtained from inmates unless they are under the age of 18.

115.81(a)(c)(d) SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, “If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting.”

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, “If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a QMHP within 14 days of the intake screening. Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.”

Auditor also reviewed the PREA Risk Assessment Manual --- many questions remind users that if marked “yes” they need to contact mental health. For example Question 1 of the Risk Assessment:

1. Have you ever been approached for sex/threatened with sexual abuse while incarcerated? (If the offender offers any information with regards to incident place information in the comments box, it is not necessary to get specific details. Determine if the incident was reported. Has the assailant been added to the victim’s enemy listing? Determine if the offender needs Protective Custody or a Mental Health Referral...”

Interviews with inmates stated they knew if they wanted mental health assistance due to a PREA allegation they can request it through their Functional Unit Managers (FUM's.) Inmates stated they have never been denied access to mental health at this facility however sometimes it takes a while to get in due to the number of inmates at WERDCC.

115.81(b) WERDCC also provided copies of the "WERDCC PREA Event Log" and "WERDCC PREA Log for Mental Health." The PREA Event log had nine entries; seven from 2015 and two from 2016. This log tracks offender name, number, and date of PREA event. It also tracks the date the provider was notified as well as any hospital information. This log has provider referrals but not referrals to outside hospitals. The PREA log for Mental Health tracks the offender name, DOC number, date mental health was notified as well as the name of staff that was assigned.

115.81(e) Auditor also reviewed three examples of "Consent to Evaluate" from 2015. Two of the consents indicated that no advocate was requested while one requested an advocate.

Mental Health staff indicated they obtain informed consent from every inmate that comes through. They stated if the inmate is under the age of 18, they contact the Site Coordinator, who handles the youth and arranges for the youth's transfer.

Standard 115.82 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmate victims of sexual abuse at WERDCC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the victim.

115.82(a)(b)(c) Policy SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 18-21 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment, health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation and hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam.

****SOP The offender will remain in the medical unit until the investigator has determined whether or not the offender needs to go on medical out count.

When a forensic out count is indicated:

- a. Health services staff members should contact the shift commander and the community emergency room to arrange transportation in accordance with institutional services procedures regarding offender transportation and specialized ambulatory care. The offender will be held in medical when possible until the arrival of the investigator. Through communication with the hospital,

health services staff shall determine when the offender should arrive at the hospital to ensure prompt services. If the offender refuses a forensic exam, medical staff members will educate the offender on importance of forensic exams. If the offender continues to refuse a forensic exam, documentation of the refusal will be noted on the refusal of treatment - no show form.

****SOP A copy of the refusal is to be sent to the PREA site coordinator.

Any emergency treatment provided should be documented, in SOAP format, in the applicable department computer system. Health services staff members should interact with the alleged victim in a neutral and non-judgmental manner. Health services staff members should ask the alleged victim for details of the incident that are important for the provision of health services. The health services related documentation of the alleged assault should be released only to the CAO or designee and the institutional investigator. Alleged victims of offender sexual abuse that consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis should be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate. If initial disclosure of offender sexual abuse is made to health services staff members, notification should be made to the shift commander to initiate the coordinated response to offender sexual abuse in accordance with this procedure.

****SOP Health services staff are to also notify the PREA site coordinator. The reported perpetrator's health record will be reviewed by the health services administrator or designee and referred to the physician for appropriate communicable disease diagnostic testing. Upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator will submit a referral and screening note - health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. If the allegation involves penetration and the offender is being out counted for a forensic exam and/or treatment, a QMHP will assess the victim within two hours of the offender returning to the facility. If the allegation involves penetration but the offender is not being out counted due to the amount of time that has elapsed since the time of the incident, a QMHP will assess the offender within two hours of receiving notification from the shift commander. If the allegation involves non-penetration, mental health staff members will receive a referral and screening note - health services from the shift commander and assessment will be offered within the next business day unless emergent events warrants a more immediate response by mental health staff members. During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender's acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal of treatment/ no show form.

****SOP A copy of the refusal of treatment form will be forwarded to the PREA site coordinator to be placed in the PREA event file. If the offender requests an advocate, the QMHP will notify the site advocacy liaison.

****SOP A QMHP will notify the PREA site coordinator in writing or email when victim requests an advocate. PREA site coordinator will subsequently notify the investigative staff of victim's request for advocate. When the victim is out counted to MOSAIC Life Care for a SANE exam the hospital will contact the YWCA for advocacy services. When advocacy hours provided by the YWCA have been exhausted, the PREA site coordinator will notify the chaplain of the victim's request for an advocate. Institutional chaplain will meet with the victim and document the meeting, forward documentation to the PREA site coordinator to be placed in the PREA event file. If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 72 hours within a correctional facility or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include appropriate follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services."

WERDCC's Coordinated Response to Offender Sexual Abuse addresses medical and mental health responsibilities for a penetration event and a non-penetration event.

For a penetration event:

Medical will:

- Assess the offender and process the medical out count to a hospital that utilizes Sexual Assault Nurse Examiners (SANE) to collect forensic evidence for an examination.

- The listing of SANE hospitals can be found on the PREA intranet page.
 - WERDCC will utilize Lincoln Memorial Hospital in Troy Missouri for SANE Exams unless a SANE Nurse is not available.
 - If a SANE Nurse is not available the Shift Supervisor will work with Medical and the PREA Site Coordinator to send the offender to another SANE Hospital on the list.
 - Lincoln Memorial Hospital is to call ACCIS to provide advocacy service during the SANE Exam.
- If the alleged victim refuses to submit to a forensic examination after speaking with the investigator, medical will have the offender sign the medical refusal form which will be forwarded to the PREA Site Coordinator to be attached to the PREA Event Checklist.
- Provide follow-up care upon offender's return from the medical out count.

Mental Health:

- Mental Health will respond within 2 hours of the offender's return from the medical out count.

For a non-penetration event:

- Mental health – Mental Health Referral Form – will respond no later than the next business day

WERDCC also provided copies of the “WERDCC PREA Event Log” and “WERDCC PREA Log for Mental Health.” The PREA Event log had nine entries; seven from 2015 and two from 2016. This log tracks offender name, number, and date of PREA event. It also tracks the date the provider was notified as well as any hospital information. This log has provider referrals but not referrals to outside hospitals. The PREA log for Mental Health tracks the offender name, DOC number, date mental health was notified as well as the name of staff that was assigned.

Medical also provided examples of charts demonstrating timely access to medical services.

Mental health staff state that services start as soon as they are made aware of the need. They stated that if any medication is ordered during the SANE, orders would be sent to the facility and they would follow them. They also were able to articulate their first responder responsibilities if something were to happen inside the clinic.

115.82(d) Auditor reviewed the contract requirements the MDOC has with Corizon. Pages 25 and 26 outline Corizon's obligations when obtaining medical care services from hospitals. The pages 42 – 45 outlines Corizon's experience with PREA, training regarding PREA, zero tolerance and mandatory reporting requirements if witnessing any form of sexual misconduct. Corizon will not charge victims for any services provided.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC offers medical and mental health evaluations/treatment to all inmates who have been victimized by sexual abuse in any confinement settings. They also offer tests for sexually transmitted infections as medically appropriate. (NOTE: WERDCC is a female only facility.)

115.83(a)(b)(c)(d)(e)(f) SOP D1-8.13 Offender Sexual Abuse and Harassment, page 21, Section III (G) states, “Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include appropriate follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers shall be

provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services.”

Auditor reviewed an example of “Referral and Screening Note – Mental Health/Medical Service.” This referral note had documented observed behaviors, the reason for referral, screening results as well as actions taken by mental health and medical.

Medical also provided examples of charts demonstrating follow up visits had occurred.

WERDCC did not have any events that involved vaginal penetration which would require a pregnancy test or STI testing in the past 12 months.

Mental Health/Medical Staff stated that physical exams are always done on alleged victims. They always check to see if there is anything that is reportable. They advised that they do provide services that are consistent with the community. They advise they do everything but the forensic exams on site. They compared their services to what a citizen would find at an Urgent Care.

115.83(g) Policy SOP D1-8.13 Offender Sexual Abuse and Harassment states, “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

115.83(h) Medical also provided examples of charts demonstrating that known abusers were referred for mental health evaluations.

Standard 115.86 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WERDCC conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigations, unless the allegation is determined to be unfounded. They do this within 30 days of the conclusion of the investigation. Members of the review team include upper-level management, supervisors, investigators, and medical and/or mental health professionals. The members document their findings and any recommendations they may make.

115.86(a) SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 22 and 23, Section III (I) states, “Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded.

115.86(b) SOP D1-8.13 Offender Sexual Abuse and Harassment states, “Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry utilizing the PREA sexual abuse debriefing form and submitted to the department PREA coordinator, CAO, and assistant division director.”

115.86(c) SOP D1-8.13 Offender Sexual Abuse and Harassment states, “The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from supervisors, investigator, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The written report will be prepared by the PREA site coordinator.

115.86(d) Auditor reviewed an example of a review of sexual abuse incidents that resulted from an unsubstantiated disposition. This review included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the

coordinated response, information on a forensic exam, mental health consultation, and any recommendations. This review is also included in the facility's annual report.

Administration stated that they review each case and look for ways that can be done to make it better for the inmate and for the facility. They do not want prevent future incidents. They reported they always look at the totality of the incident when making recommendations.

115.86(e) SOP D1-8.13 Offender Sexual Abuse and Harassment states, "The facility shall implement the recommendations for improvement, or shall document its reasons recommendations shall not be implemented. The completed report shall be stamped confidential and shall be submitted to the assistant division director with a copy to department's PREA coordinator. The assistant division director shall forward the report to the division director. A copy of the report shall be filed in the institutional PREA event file for future audits."

WERDCC reported that in the past twelve months there have been recommendations for improvements that have come from the review of sexual abuse incidents.

Standard 115.87 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data needed to complete the annual Survey of Sexual Violence is collected in the Correctional Information Network (COIN) system. Data is collected and reviewed annually.

115.87(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment states, "Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March. The report shall include: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facility's progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May."

Auditor reviewed examples of monthly incident data from September 2013, December 2013, February 2014, April 2014 and December 2014. Auditor also reviewed the 2014 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2014 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

Administrative staff reported that data is collected monthly and reported annually to the PREA Coordinator.

115.87(e) N/A WERDCC does not contract for the confinement of its inmates.

115.87(f) WERDCC completes the SSV each year.

Standard 115.88 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88(a)(b)(c) SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 27 – 28 state, “Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: (1) identified problem areas, (2) recommendations for improvement, (3) corrective action taken, (4) if recommendations for improvements were not implemented, reasons for not doing so, (5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, (6) an evaluation of the need for camera and monitoring systems, (7) in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to the:

- (A) the staffing plan,
- (B) the deployment of video monitors, and
- (C) the resource availability to adhere to the staffing plan.

The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

Agency Report: The PREA coordinator shall prepare an annual report compiling each facility’s current year’s data and corrective actions. The report shall include: (1) a comparison with prior year's data, (2) corrective actions, and (3) an assessment of the department's progress in addressing offender sexual abuse, The report shall be forwarded to the department director for approval by the last working day in May.

Auditor reviewed the statewide annual report as well as the report as it relates specifically to WRDCC.

Auditor reviewed the 2014 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2014 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

115.88(d) SOPD1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department’s annual PREA report shall be made available to the public on the department’s internet website.”

Standard 115.89 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89(a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

115.89(b) SOPD1-8.13 Offender Sexual Abuse and Harassment, page 28 states, “The department's annual PREA report shall be made available to the public on the department's internet website.”

Auditor reviewed the MDOC 2014 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

115.89(c) SOPD1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department’s annual PREA report shall be made available to the public on the department’s internet website.”

115.88(d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

/s/ Elisabeth M. Copeland

06/06/2016

Auditor Signature

Date

PREA AUDIT REPORT ☐ INTERIM ☐ FINAL

COMMUNITY CONFINEMENT FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name:			
Address:			
Email:			
Telephone number:			
Date of facility visit:			
Facility Information			
Facility name:			
Facility physical address:			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number:			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of facility's Chief Executive Officer:			
Number of staff assigned to the facility in the last 12 months:			
Designed facility capacity:			
Current population of facility:			
Facility security levels/inmate custody levels:			
Age range of the population:			
Name of PREA Compliance Manager:		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency:			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name:		Title:	
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name:		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE

DESCRIPTION OF FACILITY CHARACTERISTICS

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:

Number of standards met:

Number of standards not met:

Number of standards not applicable:

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.212 Contracting with other entities for the confinement of residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.213 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.215 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.217 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.218 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.221 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.222 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.231 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.232 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.233 Resident education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.234 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.235 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.241 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.242 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.251 Resident reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.252 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.253 Resident access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.254 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.261 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.262 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.263 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.264 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.265 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.267 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.271 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.272 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.273 Reporting to residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.276 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.277 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.278 Disciplinary sanctions for residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.282 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.286 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.287 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.288 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.289 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

AUDITOR CERTIFICATION

I certify that:

- ☐ The contents of this report are accurate to the best of my knowledge.
- ☐ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☐ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Signature

Date

PREA AUDIT REPORT ☐ INTERIM ☐ FINAL

COMMUNITY CONFINEMENT FACILITIES



Auditor Information			
Auditor name:			
Address:			
Email:			
Telephone number:			
Date of facility visit:			
Facility Information			
Facility name:			
Facility physical address:			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number:			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of facility's Chief Executive Officer:			
Number of staff assigned to the facility in the last 12 months:			
Designed facility capacity:			
Current population of facility:			
Facility security levels/inmate custody levels:			
Age range of the population:			
Name of PREA Compliance Manager:		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency:			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name:		Title:	
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name:		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE

DESCRIPTION OF FACILITY CHARACTERISTICS

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:

Number of standards met:

Number of standards not met:

Number of standards not applicable:

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.212 Contracting with other entities for the confinement of residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.213 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.215 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.217 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.218 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.221 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.222 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.231 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.232 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.233 Resident education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.234 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.235 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.241 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.242 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.251 Resident reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.252 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.253 Resident access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.254 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.261 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.262 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.263 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.264 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.265 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.267 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.271 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.272 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.273 Reporting to residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.276 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.277 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.278 Disciplinary sanctions for residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.282 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.286 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.287 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.288 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.289 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

AUDITOR CERTIFICATION

I certify that:

- ☐ The contents of this report are accurate to the best of my knowledge.
- ☐ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☐ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Signature

Date

PREA AUDIT REPORT ☐ INTERIM ☐ FINAL

COMMUNITY CONFINEMENT FACILITIES



Auditor Information			
Auditor name:			
Address:			
Email:			
Telephone number:			
Date of facility visit:			
Facility Information			
Facility name:			
Facility physical address:			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number:			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of facility's Chief Executive Officer:			
Number of staff assigned to the facility in the last 12 months:			
Designed facility capacity:			
Current population of facility:			
Facility security levels/inmate custody levels:			
Age range of the population:			
Name of PREA Compliance Manager:		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency:			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name:		Title:	
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name:		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE

DESCRIPTION OF FACILITY CHARACTERISTICS

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:

Number of standards met:

Number of standards not met:

Number of standards not applicable:

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.212 Contracting with other entities for the confinement of residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.213 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.215 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.217 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.218 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.221 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.222 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.231 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.232 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.233 Resident education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.234 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.235 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.241 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.242 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.251 Resident reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.252 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.253 Resident access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.254 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.261 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.262 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.263 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.264 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.265 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.267 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.271 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.272 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.273 Reporting to residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.276 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.277 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.278 Disciplinary sanctions for residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.282 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.286 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.287 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.288 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.289 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

AUDITOR CERTIFICATION

I certify that:

- ☐ The contents of this report are accurate to the best of my knowledge.
- ☐ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☐ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Signature

Date

PREA AUDIT REPORT ☐ Interim ☒ Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: July 29, 2016

Auditor Information			
Auditor name: Wendy J. Roal Warner			
Address: 2693 Shadywood Road, Excelsior, MN 55331			
Email: wjrw62@msn.com			
Telephone number: (309) 241-0796			
Date of facility visit: July 7-8, 2016			
Facility Information			
Facility name: St. Louis Community Release Center			
Facility physical address: 1621 N. 1 st Street, St. Lois, MO 63102			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (314) 877-0300			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: John D. Young, Superintendent			
Number of staff assigned to the facility in the last 12 months: 123			
Designed facility capacity: 538			
Current population of facility: 372			
Facility security levels/inmate custody levels: All Levels; Probation and Parole Facility			
Age range of the population: 21 - 65			
Name of PREA Compliance Manager: Joseph Sampson		Title: Associate Superintendent	
Email address: Joe.Sampson@doc.mo.gov		Telephone number: (314) 877-0300	
Agency Information			
Name of agency: Missouri Department of Corrections; Division of Probation and Parole			
Governing authority or parent agency: <i>(if applicable)</i> Missouri Department of Corrections			
Physical address: 2729 Plaza Drive, Jefferson City, MO 65109			
Mailing address: <i>(if different from above)</i>			
Telephone number: (573) 526-6607			
Agency Chief Executive Officer			
Name: George Lombardi		Title: Director	
Email address: George.lombardi@doc.mo.gov		Telephone number: (573) 526-6607	
Agency-Wide PREA Coordinator			
Name: Vevia Sturm		Title: PREA Coordinator	
Email address: vevia.sturm@doc.mo.gov		Telephone number: (573) 522-3335	

AUDIT FINDINGS

NARRATIVE

The St. Louis Community Release Center (SLCRC), St. Louis, Missouri (MO), is under the authority of the Missouri Department of Corrections (MODOC), Probation and Parole Division. The PREA Audit of the SLCRC started with a review of the Pre-Audit Questionnaire, which was provided on a USB flash drive, along with numerous policies, forms, Emergency Plans, and data. The USB flash drive was received by myself as Auditor on June 2, 2016. After review of the Pre-Audit Questionnaire, a list of questions and areas needing clarification was submitted to the Agency PREA Coordinator and the SLCRC PREA Site Coordinator (Compliance Manager). A teleconference was held on June 16, 2016, and clarification was provided. The notifications of the on-site audit were posted May 11, 2016, eight weeks prior to the first day of the on-site audit. The notices were posted in various locations throughout the facility.

The on-site audit was conducted July 7-8, 2016. After meeting with the Probation and Parole Regional Administrator, Superintendent, PREA Coordinator, and PREA Site Coordinator, a tour of the institution was conducted. During the tour, I was able to observe the physical plant and grounds of the facility. The tour included: intake/screening area; housing units; food service; maintenance area; laundry; indoor recreation/library, and outdoor recreation areas. The institution has 125 cameras throughout the facility and no blind spots were noted. The on-site visit included a review of secondary documentation and interviews. A total of 21 staff, to include those working all shifts, were conducted which included line staff randomly selected by myself and staff with job responsibilities for areas of inquiry regarding the PREA Standards. In addition interviews were conducted with: the MODOC Chief State Supervisor for the Division of Probation and Parole, (Agency Head Designee); the MODOC Purchasing Manager; one contract medical staff from Corizon Health; one Volunteer; the Director for the Crime Victims Advocacy Center (CVAC), St. Louis, MO, and the Forensic Nursing Coordinator for St. Louis University Hospital, St. Louis, MO.

A total of eight residents were interviewed to include at least one resident from each housing unit. No resident correspondence was received prior to the on-site audit. During the on-site audit, one resident requested to speak to me and he was included in the resident interviews.

DESCRIPTION OF FACILITY CHARACTERISTICS

The SLCRC is located in downtown St. Louis, MO. The SLCRC provides the Missouri Parole Board and Courts with a structured residential program to supervise offenders transitioning from prison to the community or offenders who are at risk of revocation from community supervision.

SLCRC is a 550-bed male facility which houses all levels of adult males; the facility occasionally houses females as holdovers in the Administrative Segregation Unit. The Center had a count of 372 males at the beginning of the on-site audit; no female residents were at SLCRC. The average length of stay for residents is six months. The facility has 123 full time staff. Staff are designated as custody or non-custody (Probation and Parole, food service, maintenance or recreation). There is one on-site contract Reentry Mental Health Specialist who coordinates access for continuing mental health care and medication during the transition from institution to the community.

The facility consists of one building containing eight housing units; four units have cells without doors which each contain two - six bunks, and four units are open dormitory. One unit was off-line during the audit due to not needing the bed space, and one unit is for short term use for residents transitioning out of segregation or in need of closer supervision. Custody staff are not assigned to individual units and required to monitor activities in multiple units; the exception is the transition unit which is continuously staffed. The SLCRC also has a segregation unit. The facility offers indoor and outdoor recreation to all housing units. Food is prepared in the food service department and residents are called by unit to consume their meals in the dining room. Food is delivered to the segregation unit.

SLCRC is not accredited by any other organizations.

SUMMARY OF AUDIT FINDINGS

The audit of the SLCRC was to determine compliance with the national PREA standards. During the Audit, it was clear the leadership of MODOC have made PREA compliance a high priority and have gone to great efforts to implement PREA throughout its facilities to help ensure the safety of all inmates/residents in their custody. The SLCRC's policies and procedures are derived from MODOC's policies and directives.

Results of the SLCRC PREA audit indicate residents understand their right to be free from sexual abuse/harassment and how to report incidents.

Interviews with staff, however, revealed they lacked a working knowledge of PREA hindering their ability to implement the PREA Standards and Agency policy on Offender Sexual Abuse and Harassment (OSAH) and corrective action would be needed to achieve full compliance; the deficient areas are addressed under their respective standards. At the conclusion of the on-site audit, a determination was made between the Agency PREA Coordinator, Superintendent, and myself as Auditor that training would be conducted to correct the deficient areas. On July 19-20, 2016, training was conducted by the Agency PREA Coordinator and her staff to all SLCRC staff. On July 22, 2016, documentation was submitted verifying the training material was detailed and thoroughly covered the areas noted as deficient and that all SLCRC staff had been trained. As a result of this training, SLCRC IS IN FULL COMPLIANCE WITH THE PREA STANDARDS AND THIS SERVES AS A FINAL REPORT.

Number of standards exceeded: 0

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MODOC's OSAH policy and Sexual Misconduct and Harassment Annual Guide for Staff, Contractors and Volunteers, state the facility has zero tolerance for all forms of offender sexual abuse, harassment and retaliation. The policy delineates how the facility will work towards preventing, detecting and responding to any such conduct. The policy contains definitions, goals, prohibited conduct, and how to respond to sexual abuse/harassment. Interviews with custody staff, non-custody staff, Corrections Supervisors, and the PREA Site Coordinator confirm staff are aware of their roles and responsibilities.

MODOC's agency wide PREA Coordinator, an upper-level employee as indicated on the Agency's organizational chart, is responsible for developing, implementing, and overseeing the Agency's efforts to comply with the PREA Standards. The SLCRC has a PREA Site Coordinator, an Associate Superintendent, who is responsible for implementing and overseeing PREA at the facility. Both the PREA Coordinator and PREA Site Coordinator indicate they have sufficient time and authority to oversee and implement PREA and are able to make necessary changes to policy and procedures when necessary.

Standard 115.212 Contracting with other entities for the confinement of residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MODOC contracts with four Community Release Centers (CRC). A review of the OSAH policy, contract language for CRCs, and interviews with the MODOC's Purchasing Manager, PREA Coordinator, and PREA Site Coordinator all confirm the contracts require compliance with the PREA Standards and for the CRCs to achieve PREA compliance through PREA Audits. The interviews and document review indicate all CRCs have successfully achieved PREA compliance.

Standard 115.213 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SLCRC is staffed with 123 staff who are led by a Superintendent, two Associate Superintendents, and various supervisors for custody and Probation and Parole staff. A review of the Pre-Audit Questionnaire revealed a staffing plan was not submitted; a staffing plan was provided on the first day of the on-site visit. Review of the staffing plan confirms it meets the requirements of the standard by indicating the number of staff needed per department to meet the needs of the facility and to help protect residents from sexual abuse/harassment. The plan takes into consideration the number and placement of cameras, the capacity for housing residents, the layout and design of the facility, and the prevalence of substantiated and unsubstantiated sexual abuse/harassment allegations. SLCRC provided a yearly analysis of the staffing plan including justification why the facility is not staffed at optimal levels (budget constraints). The yearly analysis is required to be submitted to the MODOC for review once signed by the Superintendent. Interviews with the Superintendent, PREA Site Coordinator, and Associate Superintendents confirm when staff shortages occur due to staff being sick or on emergency medical escort, staff are held-over from previous shift, called in, or pulled from other areas to ensure adequate staffing is maintained. The interviews and document review confirm shortages are documented when they occur.

Standard 115.215 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Pre-Audit Questionnaire review regarding limits to cross gender viewing and searches found MODOC's policies and training material are clear regarding searches of offenders to include prohibiting cross gender searches of females for other than exigent circumstances, how to search transgender/intersex residents, and requiring staff of the opposite gender to announce their presence when entering resident housing units. During the tour camera locations were observed and

viewed from the control center monitors. Observation confirms cameras do not capture areas where residents would be dressing or using the toilets or showers. Interviews with the PREA Site Coordinator and Training Supervisor, as well as a review of four staff training files, confirm staff are trained on limits to cross gender viewing and searches.

However, interviews with custody staff, Custodial Supervisors and residents reveal varied responses to questions regarding searches and female staff announcing their presence. Specifically, approximately 65% of staff and residents interviewed stated female staff do not announce their presence when entering housing units, and most female staff interviewed indicated they only announce their presence when looking in the shower/toilet area. Staff gave varied responses or were unsure when responding to questions regarding male staff being allowed to search female residents in other than exigent circumstances and if transgender/intersex residents could be searched for the sole purpose of determining their sex. Additionally, when asked to describe how they would conduct a pat search of a transgender/intersex resident, the majority of staff stumbled on the description.

The problems with staffs' knowledge of proper searches and females announcing their presence on housing units are viewed as training issues as policy and training material are clear, specific and in accordance with the standard. These training issues are addressed under Standard 115.231.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Pre-Audit Questionnaire review found SLCRC has several contracts with companies providing interpretative services in seven different languages, large print, and braille. The OSAH policy states staff will provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled. While policy does not specifically prohibit the use of resident interpreters, the available contracts would eliminate the need for such use and interviews indicate resident interpreters are not utilized. Document review confirms the facility also maintains a list of staff who speak different languages. Observation during the tour confirms resident handbooks are available in both English and Spanish. It is noted; however, the population at SLCRC has few non-English speaking residents.

Interviews with intake staff and custody staff reveal line staff are not aware of the contracts for interpretative service nor how to access the services. Interviews confirm only supervisors are allowed to initiate services with the interpretative companies. During the PREA training session that occurred after the on-site audit, line staff were informed of the various ways supervisors have access

to interpretative services. Interviews with residents confirm all residents have been provided education on PREA in a format they could understand.

Standard 115.217 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of MODOC's Application for Employment specifically asks applicants the PREA related questions required by the standard. A review of emails from the MODOC Human Resource Department to the SLCRC regarding checks being conducted for PREA related issues prior to promotion confirms the checks are being completed. MODOC's Policy on Background Investigations and interviews with the Superintendent, PREA Site Coordinator, and Associate Superintendents confirm background checks are conducted on all employees, volunteers, and contractors who have resident contact prior to admission to the facility. Yearly background re-checks are completed for all staff and volunteers; re-checks for contract workers are conducted yearly or each time they enter the facility depending on the frequency of the visits. Interviews also confirm if applicable, MODOC contacts other correctional institutions to inquire as to if the applicant had any PREA incidents during their tenure at that facility.

Standard 115.218 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the PREA-Audit Questionnaire and interviews with the Regional Administrator for Probation and Parole, PREA Coordinator, Superintendent, and PREA Site Coordinator all indicate the MODOC was proactive when PREA was enacted and conducted a PREA review of all facilities. The review looked at the facility layout, toilet and shower areas, and the number, types, and location of cameras. As a result SLCRC received 125 new cameras to increase camera coverage and eliminate blind spots; installed new encoders to increase camera clarity and storage capacity; installed half

doors on all resident toilet stalls, and installed shower curtains on the eight handicap showers and in resident bathrooms. No blind spots were noted during the tour of the facility, and the doors and shower curtains were in place. SLCRC has not made any other upgrades or modifications to the facility.

Standard 115.221 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document review confirms all MODOC investigations are conducted by Investigators who work for the Department's Office of Inspector General (IG). MODOC's Evidence Collection, Accountability and Disposal policy describes the evidence protocol utilized at SLCRC and documentation was submitted by the IG's Office verifying the protocol is based off of the DOJ's Office on Violence Against Women publication. In the event the St. Louis County Sheriff's office would be involved in an investigation, a letter has been sent to them asking they comply with the requirements of this standard. Interviews with the PREA Site Coordinator, Investigators, custody staff, Correctional Supervisors and the Forensic Nursing Coordinator for the local hospital confirm three hospitals in St. Louis provide SANE nurses. Additionally, the OSAH policy specifies resident victims of sexual abuse are to be provided access to forensic medical examinations by SANE Nurses. The review found MODOC has partnered with the Missouri Coalition Against Domestic and Sexual Violence to assist in providing advocacy services for MODOC. The CVAC is the agency designated by the Coalition to provide advocacy services at SLCRC.

Standard 115.222 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the OSAH policy reveals it requires administrative and/or criminal investigations be completed for all allegations of sexual abuse/harassment. Interviews with the Investigators, Agency Head Designee and Superintendent all confirm all allegations are promptly investigated. Document

review of completed investigations verifies investigations are timely and thorough.

Standard 115.231 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of training material utilized to train staff along with the Employee Handbook was conducted during the Pre-Audit Questionnaire review. A sample of four training files were reviewed during the on-site visit. The review found MODOC has a very thorough and detailed policy and training materials that cover all 10 areas required by the standards. The material is tailored to both male and female offenders. Staff receive PREA training during orientation at basic training and refresher training every two years. Training is presented through on-line training courses. The OSAH policy indicates staff who transfer from other facilities receive training if needed due to the sex of the offenders at the new institution, or if needed to keep the employee current in the time frames for training. During the years staff do not receive refresher training, PREA material is presented throughout the year by SLCRC staff. Staff training file review confirms staff sign they have been trained and understand the training material.

During the on-site visit interviews were conducted with custody staff, Custodial Supervisors, staff who conduct intake and perform risk screening, Investigators, the PREA Site Coordinator, Superintendent and Associate Superintendents. The interviews for other than upper management revealed staff did not understand PREA, search procedures nor the Coordinated Response Plan. This lack of understanding was found to hinder the ability of SLCRC staff from being able to efficiently and effectively work together to help prevent, detect, report and respond to sexual abuse/harassment of residents.

Specific areas staff interviewed were unclear on the following: how line staff are to help prevent, detect, report and respond to PREA issues; how/when male staff can search female residents; how to conduct searches of transgender/intersex residents to include if searches can be conducted to determine their sex; if female staff are to announce their presence when entering the housing unit or only when looking in the shower area; how residents can report PREA incidents other than to staff; how staff can report PREA incidents other than to supervisors; how the Coordinated Response Plan works other than first responder duties and how staffs' various roles link together; if advocacy and medical services are available for residents who have been sexually assaulted; who investigates PREA incidents; who ensures the advocate is contacted to be present during questioning at the institution if requested by the resident, and how to communicate with non-English speaking.

On July 19-20, 2016, the Agency PREA Coordinator and her staff provided detailed and thorough PREA training to all SLCRC staff. Documentation was submitted verifying the training material covered the areas found deficient and outlined the material in a manner that should make it clear to staff how the overall PREA plan works at SLCRC. The submitted material included the PowerPoint presentations as well as staff attendance records. As a result of this training, SLCRC is now in compliance with this standard.

Standard 115.232 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MODOC's OSAH policy requires all contract staff and volunteers be trained in PREA prior to having resident contact. The training is based on the level of services provided and type of resident contact encountered. Document review of training material submitted with the Pre-Audit Questionnaire confirms the training is detailed and meets the requirements of the standard. Policy requires refresher training is to be provided yearly and contractors and volunteers are required to sign an acknowledgement form indicating they have been trained and understand the PREA material. Interviews with the Volunteer Coordinator, Training Coordinator, a volunteer and the contract medical staff, along with document review, confirm contractors and volunteers have received PREA training and sign acknowledgement forms.

Standard 115.233 Resident education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the OSAH policy reveals all residents are to receive PREA education upon their admission to SLCRC. Policy requires staff assigned to the Orientation Unit meet with each new resident to explain PREA policy and provide a PREA handout. On a weekly basis, orientation is conducted where a PREA video is shown. Observation of an orientation session was made during the tour. A review of

the orientation information provided to residents confirms it explains the facility's zero tolerance policy, how to report incidents, and residents right to be free from sexual abuse/harassment and retaliation. Residents are required to sign they have received PREA training and a review of documentation confirms this is being done. Observation during the on-site audit confirms PREA material is continuously and readily available to residents in the form of posters. Additionally, SLCRC has contract interpretative services and PREA brochures are available in seven different languages as well as large print. Policy requires and staff interviews confirm staff read the material to inmates with visual or mental impairments rendering them unable to read.

Standard 115.234 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the OSHA policy confirms all Investigators assigned to investigate offender sexual abuse allegations are required to receive specialized PREA Investigative training. While MODOC has 43 investigators, two are primarily assigned to SLCRC. Interviews with the Investigators and a review of their training certificates confirms they have received specialized training that included how to conduct interviews with sexual abuse victims, proper use of Miranda and Garrity, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or criminal charges.

Standard 115.235 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)
- ☒ Not Applicable

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Due to the mission of the SLCRC, all medical and mental health care is provided by community providers. While SLCRC does have a contract with Corizon and one mental health provider is on-site, his role is to coordinate access for continuing mental health care and medication during the transition

from institution to the community.

Standard 115.241 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document review of the OSAH policy, CRC Policy and Procedure Manual, and the SLCRC Standing Operating Procedures on Risk of Victimization and Abusiveness Screening Instrument all confirm residents are screened for risk of sexual victimization and abusiveness. The screening instrument utilized is detailed and includes all nine areas required by the standard. Policy requires the initial screening be conducted within 72 hours of admission, and requires a reassessment within 30 days. A reassessment is also conducted when warranted based on receipt of additional relevant information or following an incident of abuse or victimization. Interviews with residents and staff who conduct the screenings, along with document review of completed screening forms, confirm screenings are being conducted as required. Interviews with screening staff did reveal a need for clarification on the requirement to ask residents if they identify as LBGTI, as well as for the screener to note their perception of the resident being LBGTI, and this area was addressed in the training session conducted after the on-site audit.

Standard 115.242 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the CRC Policy and Procedure Manual and OSAH policy confirms the screening tool for risk of victimization or abusiveness is used to guide housing, work detail, education and program assignments. The manual requires staff to make individualized determinations to ensure the safety of each resident. Staff interviews confirm staff who make housing, work, education and programming assignments are utilizing the forms to make these assignments. Policy requires housing assignments for transgender/intersex residents be made on a case-by-case basis, with consideration

given in regard to the resident's own view of their safety. The SLCRC has a Transgender/Intersex Committee that makes decisions on the housing, programming, and searches of transgender/intersex residents and staff interviews confirm they take into consideration the resident's own views when making housing assignments. The tour of the SLCRC during the on-site audit confirms all residents are allowed to shower separately. No transgender/intersex residents were at the facility during the on-site audit.

Standard 115.251 Resident reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MODOC's policy on Crime Tips and PREA Hotline outlines the procedures for residents and staff to report sexual abuse or harassment. Policy and the Coordinated Response to Offender Sexual Abuse Response Protocol for Community Release Centers and Community Supervision Centers indicate all information regarding sexual abuse/harassment, including those received verbally, in writing, anonymously or by third party, will be investigated. Interviews with Investigators verifies all allegations are investigated. Observation during the on-site audit confirms various posters are visible throughout the facility advising residents how they can report such incidents. The posters provide contact information for the PREA Hotline which goes to the MODOC; Just Detention International (toll-free), and the Rape, Abuse and Incest National Network (RAINN) (toll-free). Residents can also write to the Department of Public Safety (DPS), Crime Victims Services Unit, through an agreement they have with MODOC. Upon receipt of a sexual abuse/harassment allegations, DPS notifies the MODOC IG Office of the allegation. During the on-site visit, a call to the PREA Hotline number revealed the number posted was incorrect and the toll-free number to the CVAC was not posted. Both of these were corrected prior to the close of the on-site audit.

Standard 115.252 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of MODOC's policy on Complaints, Inquiries and Investigations confirms residents are allowed to file grievances regarding sexual abuse. The policy addresses all areas required by the standard including time frames, emergency grievances, and allowing assistance to residents in filing grievances. Interviews with the PREA Site Coordinator, who oversees the grievance program, confirms staff are following the requirements of the standard.

Standard 115.253 Resident access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As indicated previously, MODOC has a MOU with the Missouri Coalition Against Domestic and Sexual Violence to provide advocacy services, and the CVAC in St. Louis provides services to residents at SLCRC. Residents are notified of their ability to contact the CVAC through PREA information provided to them at intake and through posters displayed throughout the facility. Posters also advise residents of their ability to contact Just Detention International, RAINN, DPS, and the MODOC's Prea Hotline. Review of the OSAH policy finds it delineates procedures for residents to have access to advocates. A review of the PREA information available to residents confirms they inform residents of the extent of confidentiality for contacting the various advocacy centers. Interviews with custody and probation and parole staff and residents confirms residents are aware of their ability to contact advocacy centers.

Standard 115.254 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MODOC's website review confirms detailed PREA information is available and informs the public of their ability to submit sexual abuse/harassment allegations on behalf of residents. The OSAH policy also indicates the public may submit allegations on behalf of residents and all such allegations will be investigated. Interviews with the Investigators confirm all third party information regarding

sexual assault/harassment are reviewed and investigated if warranted.

Standard 115.261 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MODOC's OSAH policy requires all staff, contractors and volunteers to immediately report any knowledge, suspicion, or information regarding incidents of sexual abuse/harassment, as well as retaliation against offenders or staff who report incidents. Staff are required to report staff neglect or violations of responsibilities that may have contributed to an incident or retaliation, and policy informs staff failure to report is a misdemeanor. Policy indicates medical and mental health staff are to inform residents of their duty to report at the initiation of services. Interviews with custody and probation and parole staff, Correctional Supervisors, and the Superintendent all confirm staff are aware of their duty to report.

Standard 115.262 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the OSAH policy reveals it requires staff to take immediate action if it is learned a resident may be at risk for imminent sexual abuse. Interviews with line staff, the PREA Site Coordinator, and the Superintendent confirm would staff take immediate action if they learn a resident is at risk for imminent sexual abuse; no such incidents have occurred at SLCRC.

Standard 115.263 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MODOC's OSAH policy specifies procedures if a facility learns an inmate/resident may have been sexually abused/harassed while confined at another facility. Police requires all notifications be made within 72 hours and documented. An interview with the PREA Coordinator confirms if the information is regarding another MODOC facility, the information is forwarded to the IG's office who initiates an investigation. If the information is regarding a facility outside the MODOC, she as the Agency PREA Coordinator, is notified and she informs the Head of that facility. Policy review and the PREA Coordinator interview confirm if an allegation of sexual abuse/harassment is made at another facility regarding an incident at SLCRC, the incident is investigated. Document review of investigations submitted with the Prea-Audit Questionnaire confirms notifications are being made and investigations conducted.

Standard 115.264 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of MODOC's Basic Training Lesson Plan on PREA confirms it is detailed and delineates the steps first responders are to take if staff become aware of a sexual assault. Similar information is also stated in the OSAH policy and the CRC Policy and Procedure Manual. Policy provides a detailed form for first responders to fill out if an inmate/resident reports sexual abuse to them. During the on-site audit, observation reveals staff had recently been issued laminated cards listing first responder duties. Interviews with custody and non-custody line staff, Correctional Supervisors and the PREA Site Coordinator reveal staff are knowledgeable on first responder duties.

Standard 115.265 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the Pre-Audit Questionnaire review, the OSAH policy and Coordinated Response to Offender Sexual Abuse Response Protocol for Community Release Centers and Community Supervision Centers were reviewed. The plan and policy are detailed, thorough, and delineate the coordinated response staff in different roles are to take in the event of a sexual assault. The plan requires first responders separate the residents, protect the victim, protect the scene, and inform the victim not to take any actions that could destroy evidence. The plan spells out actions medical, mental health, and investigative staff are to take when a sexual assault occurs, as well as steps to take if penetration occurred with specifications depending on the timeframe since penetration.

Interviews were conducted with custody staff, Custodial Supervisors, staff who conduct intake and perform screening, Investigators, the PREA Site Coordinator, Superintendent and Associate Superintendents. The interviews revealed all staff under the Associate Superintendent level had a basic, at best, understanding of the Coordinated Response Plan and how the different roles of staff bridge together. This lack of understanding was found to hinder the ability of SLCRC being able to efficiently and effectively work together to help prevent, detect, report and respond to sexual abuse/harassment of residents.

Specific areas related to the Coordinated Response staff interviewed were unclear included: how the Coordinated Response Plan works other than first responder duties; if advocacy and medical services are available for residents; who investigates PREA incidents, and who notifies the advocate to be present during questioning that occurs at the institution if requested by the resident.

On July 19-20, 2016, the Agency PREA Coordinator and her staff provided detailed and thorough PREA training to all SLCRC staff to include the Coordinated Response Plan. Documentation was submitted verifying the training material covered the areas found deficient and outlined the material in a manner that should make it clear to staff how the overall PREA plan works at SLCRC. The submitted material included the PowerPoint presentations as well as staff attendance records. As a result of this training, SLCRC is now in compliance with this standard.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the MODOC's policy on Labor Organizations confirms it clearly states that in accordance with PREA, the department will not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abuses from contact with offenders or residents pending the outcome of an investigation or determination of whether and to what extent discipline is warranted. During the on-site audit, interviews with the Agency Head Designee and Superintendent indicate there are no restrictions on the Agency's ability to remove staff from contact with residents if needed.

Standard 115.267 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the OSAH policy reveals it is very detailed as to retaliation against staff or residents who report sexual abuse being prohibited. The policy contains all the elements required by the standard, and has a detailed form for staff to utilize when monitoring staff and residents for retaliation with specific areas listed for the monitor to review. A review of the CRC Policy and Procedure Manual finds it also prohibits retaliation against staff or residents who report PREA incidents. Interviews with Agency Head Designee, Superintendent, and PREA Site Coordinator, indicate the PREA Site Coordinator monitors staff and residents for retaliation, with Captains and Shift Supervisors making contact with staff and residents under his direction, and the procedures comply with the standard.

Standard 115.271 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MODOC's Investigation Unit Policy review indicates it contains detailed information on conducting investigations, including the specifics for what evidence is required for both administrative and criminal cases; polygraph tests are not utilized in MODOC. A review of training certificates verifies Investigators have received specialized training on conducting PREA investigations. Interviews with Investigators confirm they conduct both administrative and criminal investigations, are knowledgeable on conducting PREA investigations, and refer cases for prosecution if criminal charges are indicated. The Investigators indicate if a suspected staff perpetrator resigns, or the victim or resident perpetrator releases, during the course of the investigation it does not stop the investigation. As residents at SLCRC have access to outside law enforcement personnel, the Investigators indicate on occasion, residents will report allegations to the local Police Department. In those circumstances, Investigators report they take a supporting role and work with the Police Department; however, ordinarily, the Police Department refers cases back to the IG to investigate. The interviews, along with a review of completed investigations confirms the reports are detailed, meet the requirements of the standard and make note if staffs' actions or inactions have contributed to incidents.

Standard 115.272 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MODOC's OSAH and Investigation Unit policies both indicate the preponderance of evidence is the evidentiary standard utilized for administrative cases. This was confirmed during interviews with the Investigators and a review of completed investigation confirms investigators appropriately apply this evidentiary standard.

Standard 115.273 Reporting to residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the OSAH policy finds it clearly states inmates/residents are to be notified of the outcome of investigations. Policy requires notification to the resident if the perpetrator is indicted, convicted, or in the case of a staff perpetrator, when the staff member is no longer assigned to the inmate's/resident's unit or no longer employed at the facility. The policy contains a form to be utilized for this purpose. Interviews with Investigators and the Superintendent confirm the SLCRC residents are notified of the above requirements. A review of tracking logs verified the notifications are being sent to residents.

Standard 115.276 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The OSAH policy clearly indicates staff will be subject to disciplinary sanctions, up to and including termination, for violating the sexual abuse/harassment policy and termination is the presumptive disciplinary action. Policy requires all terminations for violations, or the resignation of staff who would have been terminated if not for resignation, will be reported to relevant licensing or accreditation bodies and law enforcement. Interviews with the Superintendent and Investigators confirm they are knowledgeable with and follow the requirements of the standard.

Standard 115.277 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MODOC's OSAH policy indicates contractors or volunteers who engage in sexual abuse will be prohibited from contact with offenders and will be reported to relevant licensing bodies and law enforcement. The policy requires the Chief Accounting Officer or designee of the facility is to take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations. A review of the policy on volunteers finds it reiterates the same requirements. An interview with the Superintendent confirms he would take appropriate measures in accordance with the standard if warranted. No incidents with contractors or volunteers have occurred that required corrective action.

Standard 115.278 Disciplinary sanctions for residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the OSAH and Documenting and Responding to Violations of Facility Rules policies both indicate offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process after a finding of guilt on administrative or criminal charges. Policy requires an offender's mental disabilities be taken into consideration when considering disciplinary sanctions, and residents who make reports "in good faith" are not to receive disciplinary action. Document review confirms sexual activity between residents is prohibited at SLCRC and offenders found guilty of sexual abuse are referred for appropriate treatment. Interviews with staff confirm resident disciplinary policies are being followed.

Standard 115.282 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final

Report, accompanied by information on specific corrective actions taken by the facility.

The MODOC's OSAH policy and Investigative Unit Policy both require medical treatment for offenders who are sexually abused and specifies the medical treatment is to occur prior to any investigative questioning. Interviews with the Superintendent, PREA Site Coordinator, custody staff, Correctional Supervisors, the Forensic Nursing Coordinator for St. Louis and the Director of the CVAC all confirm residents who have been sexually abused at SLCRC would be escorted to the local hospital for medical examination by a SANE Nurse. As SLCRC does not have medical staff on-site, there is not a preliminary assessment made at the facility and the decision to transport the resident to the hospital is made by the Correctional Supervisor. Once at the hospital, protocol calls for the YWCA Sexual Assault Response Team (SART) to be present for the examination and investigative questioning if requested by the victim. The MODOC's policy and the Forensic Nursing Coordinator both indicate the resident would receive screening for sexually transmitted diseases and follow-up care as indicated. Female victims are offered information on emergency contraception, and residents are not charged for medical care. The SLCRC has not had any cases requiring SANE examination.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As indicated, SLCRC does not have on-site medical or mental health staff and all services are provided by community treatment providers. Interviews with the Director of Forensic Nursing and the Director of the CVAC both indicate ongoing medical and mental health services are offered to all sexual abuse victims. The local hospital provides any on-going medical treatment and testing that is warranted, and through the YWCA, the SART provides on-going counseling as needed. The CVAC also provides counseling and services to residents who have been sexually assaulted. Documentation from the SLCRC indicates known resident perpetrators would be referred for a mental health evaluation after an incident of sexual abuse.

Standard 115.286 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MODOC's OSAH policy and CRC Policy and Procedure Manual both require incident reviews be conducted after receipt of completed investigations unless the case was unfounded. A PREA Sexual Abuse Debriefing Form is included in policy and covers all areas required for review by the standard. Interviews with the Superintendent and PREA Compliance Manager, along with review of completed forms, confirm incident reviews are being conducted and the forms completed. Participants in the reviews include the Superintendent, PREA Compliance Manager, Associate Superintendents, and other supervisory and/or line staff as deemed appropriate. A copy of the completed Debriefing Forms are forwarded to the MODOC's PREA Coordinator.

Standard 115.287 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The OSAH policy requires each facility to collect and aggregate sexual abuse/harassment data and submit a yearly report to the MODOC's PREA Coordinator. An interview with the PREA Coordinator confirms the agency maintains the data from each of its facilities.

Standard 115.288 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MODOC's OSAH policy requires each facility submit an annual report regarding sexual abuse/harassment data. The facilities are to make a comparison of the current year's data and corrective actions with those from previous years and make an assessment of their progress in addressing sexual abuse, to include if changes are needed to staffing, camera and monitoring systems, or other resources. A review of the annual report submitted by the SLCRC, as well as a

review of the MODOC's website confirms the annual reports are being completed as required.

Standard 115.289 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the MODOC's website confirms the agency makes available to the public sexual abuse data from all of its facilities and identifying information is appropriately redacted. Data is available from 2010 – 2014. An interview with the PREA Coordinator indicates the 2015 data is temporarily not available as the Agency has made a change in the way it concludes investigations. This change requires a review of completed investigations to ensure they meet the new requirement. Once finalized, the 2015 data will be made available on the website. A review of the OSAH policy confirms it requires all sexual abuse data be retained for the time frame required in the standard.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Wendy J. Roal Warner
Auditor Signature

July 28, 2016
Date